



1. Applicant Information

Social Security Number _____ Gender: Check One Male Female Prefer Not to Answer
 US Citizen: Yes No
 Military Service: US Veteran or Spouse of US Veteran
 Birth Date (MM-DD-YYYY) _____

Last Name _____ First Name _____ MI _____ Previous Last Name (or Maiden) _____
 (If your name has changed since your last application, **proof of name change must be attached**, e.g. copy of marriage certificate, etc.)

Street Address _____ City _____ State _____ Zip Code _____
 Primary Phone _____ Secondary Phone _____
 Email (Required) _____
 Are you employed by a West Virginia School System? (Circle Yes / No) If YES, please indicate the school system: _____

Indicate Race and Ethnicity (Check all that apply)

Hispanic White Asian Black/African American
 Middle Eastern/North African (MENA) American Indian/Alaskan Native Native Hawaiian/Other Pacific Islander

3. Applicant Signature

I swear or affirm under the penalty of false swearing that all information provided in or with this application is true, correct, and complete to the best of my knowledge. I understand that any false statements, misrepresentations, or omissions of fact in or with this application are grounds for denial, suspension, or revocation of the license(s) that I am seeking or currently hold. The WVDE collects personal and non-personal information. Any information submitted or on record may be open to public inspection and/or publication as per our privacy policy located on our website.

Signature of Applicant _____ Date _____

4. Fingerprinting Information

Fingerprinting instructions at <https://wvde.us/certification/certification-info/application-forms/first-time-application/>

I have previously received Certification in WV.
 I have never held WV Certification and will complete at background through IdentoGo. All first-time applicants must have fingerprints processed by IdentoGo (<https://www.identogo.com>). A fingerprint service code will be sent to your e-mail once the application is received by the WVDE.

5. Institution of Higher Education Recommendation

I certify that I have reviewed and can attest to the accuracy and truthfulness of the information provided in this application. When necessary, I have included documentation verifying this information. I have reviewed the disclosure of background information, and, to the best of my knowledge, the applicant is of good moral character and is physically, mentally, and emotionally qualified to perform the assigned duties. I recommend that s/he be granted certification.

Signature of Institution of Higher Education Recommendation Designee _____ Date _____

2. Disclosure of Background Information

If you answer yes to any question below, submit a narrative with your application. The narrative should include dates, locations, school systems, and any/all other information that explains the circumstance(s) in detail.	YES	NO	Previously Submitted
1) Have you ever had adverse action taken against any application, certificate, or license in any state? Adverse action includes but is not limited to the following: letter of warning, reprimand, denial, suspension, revocation, voluntary surrender, or cancellation.			
2) Have you ever been disciplined, reprimanded, suspended, or discharged from any employment because of allegations of misconduct?			
3) Have you ever resigned, entered into a settlement agreement, or otherwise left employment as a result of alleged misconduct?			
4) Is any action now pending against you for alleged misconduct in any school district, court, or before any educator licensing agency?			
5) Have you ever been arrested, charged with, convicted of, or are currently under indictment for a felony?*			
6) Have you ever been arrested, charged with, or convicted of a misdemeanor? (For the purpose of this application, minor traffic violations should not be reported.) Charges or convictions for driving while intoxicated (DWI) or driving under the influence of alcohol or other drugs (DUI) must be reported.*			
*For a YES response to items 5 and 6, the following must be included for all charges, including those that have been dismissed: 1) Charging Document; and 2) Judgement Order; or 3) Final Disposition; and 4) All other relevant court documentation.			



West Virginia DEPARTMENT OF
EDUCATION

REV 20240208

Certification Services
Building 6, Suite 550
1900 Kanawha Boulevard, East
Charleston, WV 25305
(304)558-7010

Form 23-Clinical Experience Permit for Candidates Attending an Out-of-State IHE

Social Security Number: _____

NO FEE REQUIRED

Last Name: _____ First Name: _____ MI: _____

Part 1—To Be Completed by Institution of Higher Education (IHE) Only

Please provide the following information:

Name of College/University _____ State _____

Experience placement dates _____

Name of supervising official from College/University _____

Title of the supervising official from the College/University _____

Address (Line 1) of Institution _____

Address (Line 2) of Institution _____

City _____ State _____ Zip _____

E-mail address of supervising official _____

Telephone number of supervising official _____

Please verify the following information:

Y N The program the candidate is completing is state-approved and leads to certification in the state in which the institution is located.

Y N The candidate has completed all program requirements including all required tests if applicable (Praxis or state-specific) prior to commencing listed experience(s).

Y N The candidate is enrolled, in good standing, and has a GPA of 2.5 or higher.

Part 2 -Institutional and District Verifications

Please complete the following:

Type of experience requested

Observation **OR** Clinical experience (Requires Form 24)

Type of Certificate Sought: (select one) Teaching Administration Student Support

Does College/University (Part 1) have a current agreement with a WV School District/School of placement? (only required for clinical experience)

Yes No

Who is responsible for securing the requested placement?

Candidate **OR** College/University supervisor: Name _____

Will the requested experience be supervised on-site by a College/University representative?

Yes No If no, who will supervise? _____

Will cooperating classroom teacher at assigned site be compensated?

Yes No

NOTE: Out of State IHE candidates must complete all required testing in accordance with their approved program. If the out of state IHE does not require any content exam(s), the candidate must pass the appropriate Praxis II as per the WVDE Licensure Testing Directory.

Projected placements:

Content Area(s) Requested	Grade Level(s)	Name of School

I certify that I have reviewed and can attest to the accuracy and truthfulness of the information provided in this application and I have included documentation verifying this information when necessary. I recommend that she/he be allowed to complete the above -requested placement based on having met all necessary WVDE policy and program requirements.

Signature of Superintendent, Multi-County Center _____ County/Multi-County Center/WVSDT Center _____ Date _____
or WVSDT Superintendent

I certify that I have reviewed and can attest to the accuracy and truthfulness of the information provided in this application and I have included documentation verifying this information when necessary. I recommend that she/he be allowed to complete the above- requested placement based on having met all necessary WVDE policy and program requirements.

Signature of Authorized Institution Official _____ Title _____ Date _____

Official Recommendation from the Designated Official of the WV Higher Education Policy Commission

Signature of Authorized Institution Official _____ Title _____ Date _____