



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.*			
<p>*For a YES response to items 5 and 6, the following must be included for all charges, including those that have been dismissed:</p> <ol style="list-style-type: none"> 1) Charging Document; and 2) Judgement Order; or 3) Final Disposition; and 4) All other relevant court documentation. 			



West Virginia DEPARTMENT OF EDUCATION

REV 20240923

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

Form 24—Clinical Experience Permit

License Number or Social Security Number: _____
To retrieve a License Number, visit wveis.k12.wv.us/certcheck
To obtain a License Number, register online at wveis.k12.wv.us/certportal

Last Name: _____ First Name: _____ MI: _____

1. IHE Certification Officer Verification	2. IHE Verification and School District/School Verification																				
<p>Name of IHE _____</p> <p>State _____</p> <p>Applicant's Endorsement Area _____</p> <p>Grade Level _____</p> <p>Experience Placement Dates _____</p> <p>WV County of Placement _____</p> <p>Name of WV Public School Placement _____</p> <p>Name of Accredited WV Non-Public School Placement _____</p> <p>Student Teacher IHE Supervisor _____</p> <p>IHE Supervisor's Telephone Number _____</p> <p>IHE Supervisor's Email _____</p> <p>Applicants from institutions located outside WV (including online institutions) must have submitted and been approved for a Non-WV Out-of-State Clinical Experience Request (Form 23). If one has not been submitted and approved, a Form 24 cannot be approved.</p> <p>Out-of-State IHE candidates must completed all required testing in accordance with their approved program.</p> <p>Out-of-State IHE candidates must obtain the county superintendent's signature before this application is submitted to the West Virginia Department of Education.</p>	<p style="text-align: center;">The applicant has met the following requirements as per WVBE Policy to receive a Clinical Experience Permit:</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO Core Academic Skills for Educators Exam (CASE)</p> <p style="text-align: center;">OR</p> <p>The applicant is exempt from the Core Academic Skills for Educators (CASE) based on one or more of the following, per WV Licensure Testing Directory:</p> <p><input type="checkbox"/> SAT Score <input type="checkbox"/> ACT Score <input type="checkbox"/> GRE Score <input type="checkbox"/> Holds a Master's Degree or Higher</p> <p><input type="checkbox"/> Currently seeking a Master's Degree in teaching, administration, or student support</p> <p><input type="checkbox"/> Other Other Exemption: _____</p> <p style="text-align: center;">AND</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO Praxis II Content Exam as per WVBE Policy</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #e0e0e0;"> <th colspan="4" style="text-align: center; padding: 5px;">Anticipated Clinical Placement</th> </tr> <tr> <th style="width: 30%; padding: 5px;">Cooperating Teacher</th> <th style="width: 20%; padding: 5px;">Content Specializations</th> <th style="width: 15%; padding: 5px;">Grade Level(s)</th> <th style="width: 35%; padding: 5px;">Name of School</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"><small>Check boxes to indicate requirements met. **For unmet requirements, a letter of recommendation from the host school principal must be provided.</small> 1st Placement <input type="checkbox"/> 5-Year Certificate <input type="checkbox"/> 3 Years Experience</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">2nd Placement <input type="checkbox"/> 5-Year Certificate <input type="checkbox"/> 3 Years Experience</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">3rd Placement <input type="checkbox"/> 5-Year Certificate <input type="checkbox"/> 3 Years Experience</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p style="text-align: center; margin-top: 10px;">IHE Enrollment Verification</p> <p>If submitted as an initial application a background check is required. If re-applying within 12 months or one school year of the first application, a new background check will not be required IF candidates have had no interruption in their preparation and have been continuously enrolled. IF they leave the program and re-apply, fingerprints/background will be required again. Mark ONE of the below options:</p> <p><input type="checkbox"/> Initial Application <input type="checkbox"/> Applicant has left the program and is re-applying</p> <p><input type="checkbox"/> Applicant is re-applying within 12 months or one school year of the first application and they have had no interruption in their preparation and have been continuously enrolled</p> <p style="font-size: small; margin-top: 10px;"><i>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 WVBE Policy and program requirements.</i></p> <p style="margin-top: 10px;">IHE Signature _____ Date _____</p> <p style="font-size: small; margin-top: 10px;"><i>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 placement requirements.</i></p> <p style="margin-top: 10px;">Signature of Superintendent, Multi-County Center _____ County or Multi-County Center _____ Date _____</p>	Anticipated Clinical Placement				Cooperating Teacher	Content Specializations	Grade Level(s)	Name of School	<small>Check boxes to indicate requirements met. **For unmet requirements, a letter of recommendation from the host school principal must be provided.</small> 1st Placement <input type="checkbox"/> 5-Year Certificate <input type="checkbox"/> 3 Years Experience				2nd Placement <input type="checkbox"/> 5-Year Certificate <input type="checkbox"/> 3 Years Experience				3rd Placement <input type="checkbox"/> 5-Year Certificate <input type="checkbox"/> 3 Years Experience			
Anticipated Clinical Placement																					
Cooperating Teacher	Content Specializations	Grade Level(s)	Name of School																		
<small>Check boxes to indicate requirements met. **For unmet requirements, a letter of recommendation from the host school principal must be provided.</small> 1st Placement <input type="checkbox"/> 5-Year Certificate <input type="checkbox"/> 3 Years Experience																					
2nd Placement <input type="checkbox"/> 5-Year Certificate <input type="checkbox"/> 3 Years Experience																					
3rd Placement <input type="checkbox"/> 5-Year Certificate <input type="checkbox"/> 3 Years Experience																					