



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 20240312

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

Form 24C—Restricted 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

Name of IHE _____ State _____

Applicant's Endorsement Area _____ Grade Level _____

Experience Placement Dates _____

WV County of Placement (1) _____

WV County of Placement (2) *If applicable* _____

Name of WV Public School Placement _____

Name of Accredited WV Non-Public School Placement _____

Student Teacher IHE Supervisor _____

IHE Supervisor's Telephone Number _____

IHE Supervisor's Email _____

****A Focused Supervision Plan must be submitted with this application**

2. Cooperating Teacher

Name of Cooperating Teacher (1) _____

Name of Cooperating Teacher (2) *If applicable* _____

Holds a minimum of a
5-Year Certificate

YES NO

Holds a minimum of 3 years of experience
in the appropriate endorsement area(s)

YES NO

*For a NO response to either requirement, a letter of recommendation from the host school principal must be provided.

3. IHE and School District/School Verifications

The applicant has met all requirements of WVBE Policy including Praxis CASE except passing scores on content assessment(s) to receive a Restricted Clinical Experience Permit:

YES NO

OR

The applicant is exempt from the Core Academic Skills for Educators (CASE) based on one or more of the following:

SAT Score ACT Score GRE Score Holds a Master's Degree or Higher

Currently seeking a Master's Degree in teaching, administration, or student support

Other Other Exemption: _____

Anticipated Clinical Placement

Content Specializations	Grade Level(s)	Name of School

IHE Enrollment Verification

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:

Initial Application

Applicant has left the program and is re-applying

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

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 under a Focused Supervised experience and I understand that the candidate has not met the minimum required passing scores on the WVBE-required licensure content assessment.

IHE Signature _____ Date _____

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 meeting proficiency requirements to enter the clinical experience.

Signature of Superintendent _____ Date _____



West Virginia DEPARTMENT OF EDUCATION

REV 20240312

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1900 Kanawha Boulevard, East
Charleston, WV 25305
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Focused Support Plan

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 Information

Name of IHE

Applicant's Endorsement Area

Grade Level

Experience Placement Dates

WV County of Placement

Name of WV Public School Placement

Candidate's IHE Supervisor

IHE Supervisor's Telephone Number

IHE Supervisor's Email

2. IHE and School District/School Verifications

- The applicant has at **minimum two unsuccessful attempts** on any content test(s) or sections required for licensure in the content area
- The applicant has met all programmatic requirements of the approved program other than content testing passing scores
- Has a B or better average in the content area in which they will be seeking licensure
- **Receives the faculty's recommendation** (based on his/her performance dispositions, and evaluations) **that he/she meets all necessary proficiencies** other than content assessment passing scores to complete the clinical experience successfully
 - YES NO
- Faculty will ensure candidate utilizes Praxis support resources provided by the WVDE
- Faculty will make assessment remediation resources available and assist candidate to prepare for the content assessment(s)
 - YES NO

Please describe what additional supervision and supports will be provided by the EPP to the candidate during the experience:

I acknowledge that I will be completing the clinical experience under focused supervision. I understand that if I do not provide the required passing scores for all content exams once the experience is completed, I will only be eligible to obtain a temporary certificate once I receive employment or an offer of employment in a WV public school. I also understand that to renew the temporary certificate, I must remain employed full-time in a WV public school. In order to be eligible for an initial professional certificate, I will need to either provide the required passing scores for all content exams or successfully complete the edTPA at a WVDE-stipulated score and have the minimum required 3-years of teaching experience.

Signature of Applicant

Date

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 meeting proficiency requirements to enter the clinical experience.

I certify that I have reviewed and can attest to the accuracy and truthfulness of the information provided in this application. I understand the candidate will be placed in one of our county schools under focused supervision of the IHE and the cooperating teacher and that the candidate has not met the minimum required passing scores on the WVBE-required licensure content assessment.

Signature of Superintendent

Date