



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. Superintendent Recommendation (Required if employed by a WV School System)

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 Superintendent/Multi-County CTE Administrator, or WVSDT Superintendent/designee _____ County _____ 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.



Social Security Number: _____

Last Name: _____ First Name: _____ MI: _____

Form 50—Community Program Authorization

Information listed on this application must be supported by official documentation such as official seal-bearing college or university transcripts.

Verification of Employment

NOTE: A completed and signed Applicant Information Page must be attached.

Applicant is currently employed through a Pre-School Partnership: YES NO

Employment assignment date: _____

Community Program Partner _____ County Public School System Partner _____

Applicant has a minimum of one year in Early Education Teaching experience: YES NO

Email address for Community Program Director: _____

Check one:

- Permanent Authorization**—All certification requirements are met (college/university degree, all specialized coursework, work experience, and current employment)
- Temporary Authorization**—Some certification requirements are met (college/university degree, some specialized coursework and/or professional development, and current employment)
- Renewal of the Temporary Authorization**—Initial Authorization awarded previously and a successful completion of two specialized trainings (after the effective date of the most recently awarded au-

Verification of Required College/University Degree

Check one or more:

- Bachelor's Degree: Area of Specialization** _____
- Master's Degree or Higher: Area of Specialization** _____

(Renewal ONLY) Commitment for Completing Required College Coursework and/or Professional Development for Specialized Training

I understand that I am responsible for meeting any remaining requirements to renew the Temporary Authorization for Community Programs until **all** requirements listed below are met for the issuance of a Permanent Authorization for Community Programs.

	Semester Coursework (Official Transcript Required)		Specialized Training
	Course name	Term Date	
1. Preschool Special Education			A valid West Virginia Professional Teaching Certificate endorsed for Pre-Kindergarten satisfies all coursework requirements. The ACDS certificate issued by the U.S. Department of Labor after Fall 2002, or the CDA certificate, satisfies the following: Special Needs, Child Development, Early Language and Literacy.
2. Child Development			
3. Pre-School Curriculum			
4. Early Language and Literacy			
5. Assessment of Young Children			
6. Family & Community Involvement			

Signature of County Superintendent OR Director of Community Pre-School Program

Date

Signature of Applicant

Date