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

West Virginia DEPARTMENT OF
EDUCATION

REV 20240213

1. Applicant Information

Social Security Number _____

Birth Date (MM-DD-YYYY) _____

Gender: Check One
☐ Male ☐ Female
☐ Prefer Not to Answer

US Citizen:
☐ Yes
☐ No

Military Service:
☐ US Veteran or
☐ Spouse of US Veteran

_____ _____ _____ _____
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.

West Virginia DEPARTMENT OF EDUCATION

REV 20210722

Form 25 — Initial Alternative Teaching Certificate

Social Security Number: _____

Last Name: _____ First Name: _____ MI: _____

APPLICANT	
Y N	I have made a commitment to complete all requirements of the identified West Virginia Board of Education (WVBE) approved alternative certification program.(Policy 5901)
Y N	I understand that I must continue to make satisfactory progress throughout the program in order to qualify for renewal of the alternative teaching certificate. I understand that I must meet the complete WVBE requirements (Policy 5202) before I will be issued an initial West Virginia Provisional Teaching Certificate.

SCHOOL DISTRICT

Name of the WVBE Approved Alternative Certification Program:

Projected AC Program Enrollment Date:

Requested Endorsement(s):	1. Endorsement:	2. Endorsement:	3. Endorsement:
Requested Grade Level(s)	1. Grade Levels:	2. Grade Levels:	3. Grade Levels:

ELIGIBILITY AND QUALIFICATIONS CRITERIA

Y N	Applicant meets general requirements identified in Policy 5202, Section 9.1.		**GENERAL EDUCATION APPLICANTS ONLY:**
Y N	Applicant holds a bachelor's degree or higher from a regionally accredited institution of higher education with the required minimum cumulative GPA. (Official Transcripts Attached) (Refer to Policy 5202)	Y N	Applicant has passed all required **content** Praxis exam(s) for the requested endorsement area(s) or a qualifying exemption (Documentation Attached) Date the applicant completed all required test(s): _____

GENERAL EDUCATION APPLICANTS ONLY: (Select One)

Y N — Applicant holds documentation verifying passing scores on WVBE-required basic skills exam or qualifying exemption. (Scores submitted to WVDE) Date the applicant met this requirement: _____	☐ The applicant holds relevant **academic** qualifications that reasonably indicate the candidate will be competent to fill the teaching position. (Transcripts)
Y N — Applicant has been formally offered employment within a critical need and shortage area. The position has been posted at least twice or for a minimum ten-day period. No fully-qualified (certified) applicant has applied for the position. Job posting documentation is required. Projected employment date: _____	☐ The applicant holds relevant **occupational** qualifications that reasonably indicate the candidate will be competent to fill the teaching position. (Submit form V10) Describe occupational qualifications relevant to the content area(s): _____ _____

I hereby certify and agree with the following statements: The applicant is offered employment through a WVBE-approved alternative certification program pursuant to WVBE Policy and West Virginia State Code. The school district as the program provider, will provide all required alternative certification coursework, supports, supervision, induction and mentoring leading to an initial provisional teaching certificate, according to the school district's WVBE-approved alternative certification program. The applicant's academic or occupational qualifications reasonably indicate the candidate will be competent to fill the teaching position and the applicant has submitted qualifying documentation. The school district will immediately notify the WVDE if the applicant completes, leaves or is removed from the alternative certification program and provide copies of the comprehensive evaluation report. The school district shall renew the alternative program teacher's contract if the alternative program teacher continues to make satisfactory progress, except as provided in §18A-3-1f-e. The alternative teaching certificate may be renewed twice for a total of three years in the program. All required evidence and evaluative documentation for the alternative certification program will be made available to the WVDE upon request.

_____

Signature of Employing Superintendent

_____

School District

_____

Date