



**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.



West Virginia DEPARTMENT OF  
**EDUCATION**

REV 20210722

**Form V35—CTE Permanent Advanced Credential**

Social Security Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

**Application Description**

Advanced credentials may be awarded to educators for completing professional development, coursework and/or testing that exceeds the requirements for a professional certificate. Endorsements identified as advanced credentials have unique and specific requirements for issuance. Advanced credentials may be required for employment in West Virginia's schools.

**Employing School District, Multi-County Center or ODTP**

**Requested Endorsement Information**

Select an eligible endorsement identified in Table 4 of the WV Career and Technical Education Endorsement and Testing Manual **OR** Pet Grooming (as identified in WVBE Policy 5202)

Endorsement # \_\_\_\_\_

Endorsement Name \_\_\_\_\_

**Valid Professional Certificate (Select One)**

The applicant holds a valid Professional Certificate issued by the West Virginia Department of Education (WVDE)

Required endorsement(s), if applicable: \_\_\_\_\_

The applicant holds a valid Professional Career and Technical Certificate issued by the WVDE

Required endorsement(s), if applicable: \_\_\_\_\_

**Signatures**

*I verify that the applicant is eligible to hold the requested Career and Technical Education permanent advanced credential and that all required supportive documentation (ex. required trainings, professional development, etc.) is on file with the WVDE Office of Career and Technical Education Program Coordinator. This supportive documentation will be made available upon request, to the Office of Certification.*

\_\_\_\_\_  
**WVDE Program of Study Coordinator**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**WVDE Director of Career and Technical Education or Designated Official**

\_\_\_\_\_  
**Date**