



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.



Form V9—First-Class/Full-Time CTE or Substitute CTE Permit

Social Security Number: _____

Last Name: _____ First Name: _____ MI: _____

Applicant's Request for CTE Permit	Employing Entity's Verification of Employment	Official Recommendation
---	--	--------------------------------

First-Class/Full-Time CTE Permit

I am applying for:
 Initial First-Class/Full-Time CTE Permit
 Renewal of First-Class/Full-Time CTE Permit
 Name of the institution/agency where you expect to complete requirements for specializations:

By Signing this Agreement:
 A) I am making a formal commitment to complete the state-approved educational preparation program at the institution named above.
 B) I agree to provide all official seal-bearing transcripts when required.
 C) I understand to renew my permit I must:
 -have completed six semester hours of renewal with at least a 3.0 GPA
 -If in WVDE preparation program, has completed 2 modules and is actively completing mentorship program.
 D) I understand that I must satisfy all course and testing requirements for the CTE license in this specialization(s) with-in five (5) years from the date of issuance of the original First-Class/Full-Time Permit.

Request for Licensure:
 Initial First-Class/Full-Time CTE Permit
 Renewal of First-Class/Full-Time CTE Permit
Official Board Employment Date:

(Employment Date)
 Endorsement(s) Requested (5-AD) or (AD-AD)

(Code #) (Endorsement)

(Code #) (Endorsement)
 Valid industry credential and wage-earning experience (V10), as required (see Career and Technical Education Endorsements and Testing Manual)
 Required for initial only - Passing scores on basic skills test, employability Skills test, or exemption
 Required for renewal only - Passing scores on NOCTI exam, if applicable

Initial First-Class/Full-Time Permit

I certify the applicant has enrolled or submitted a professional commitment with the intent of enrolling in the approved career and technical education program for the endorsement(s) requested.

Renewal of the First-Class/Full-Time CTE Permit

I certify that the applicant:
 -If completing an institution's program- has completed six semester hours of renewal credit with at least a 3.0 GPA each year. OR
 -If in the WVDE CTE Educator Prep program- has completed 2 modules and be actively completing the mentorship requirements.

Note: Official Recommendation is not required for the Substitute CTE Permit.

Substitute CTE Permit

I am applying for:

Initial Career and Technical Education Substitute Permit

Renewal of the Career and Technical Education Substitute Permit

Request for CTE Substitute Permit:
Official Board Employment Date: _____
 Original Career/Technical Substitute Permit—18 clock hours of training completed on _____
 Renewal of Career/Technical Substitute Permit—12 hours of training completed on _____
 Valid industry credential and V10 experience, as required

(Code #) (Endorsement) (Code #) (Endorsement)

Term	Course Number & Title	Grade	Hours

Signatures

I understand that it is my responsibility to meet all requirements for:

First-Class/Full-Time Career and Technical Education Permit

Substitute Career and Technical Education Permit

 Signature of Applicant

 Date

I verify that the applicant is the most qualified candidate for the position. I have informed the applicant that (s)he must satisfy renewal requirements as specified in the WVDE Policy 5202 or (s)he will not be eligible for reassignment to this position.

 Signature of Superintendent or Director

 Date

Signature of Designated Official from Institution or Agency

 Date