

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



West Virginia DEPARTMENT OF
EDUCATION

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

Revised 7.17..2023

Form 1A—Teaching First Class/Full-Time Permit or Out-of-Field Authorization

Social Security Number: _____

Last Name: _____ First Name: _____ MI: _____

Applicant	Employing County	Institution of Higher Education Recommendation																				
<p>Name of Institution where you are enrolled/enrolling to complete requirements for certification:</p> <p>_____</p> <p>By Signing this Agreement:</p> <p>A) I am making a formal commitment to complete the state approved educational preparation program leading to licensure at the institution named above.</p> <p>B) I agree to furnish this institution with official transcripts from all of the institutions I have attended.</p> <p>C) I understand that I must complete at least six semester hours of credit with a minimum 3.0 GPA in each course each year to renew my permit or out-of-field authorization.</p> <p>D) I understand that I must satisfy all course and testing requirements for the professional license in this specialization (s) within five (5) years from the date of issuance of the original permit or three (3) years if permit is endorsed for superintendent.</p> <p>E) I understand that it is my responsibility to meet the renewal requirements for the First-Class/Full-Time Permit or Out-of-Field Authorization.</p> <p><i>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.</i></p> <p>Signature of Candidate _____</p> <p>Date _____</p>	<p>___ Original First-Class/Full-Time Permit (Certificate 81)</p> <p>___ Original Out-of-Field Authorization (Certificate 52)</p> <p>___ Renewal First-Class/Full-Time Permit (Certificate 81-2)</p> <p>___ Renewal Out-of-Field Authorization (Certificate 52-2)</p> <p>___ Check here if this is a New Assignment</p> <p>Employing County _____</p> <p>Location of Position _____</p> <p>Endorsement Required For Position/Grade Range of Position _____</p> <p>Date Candidate Will Begin Position/Continue Position _____</p> <p>I verify that this candidate is the most qualified individual for a position in which no certified candidate has applied and I have informed the candidate that they must satisfy renewal requirements as specified in WVBE Policy 5202 or they will not be eligible for reassignment to this position.</p> <p>Signature of Superintendent _____</p> <p>Date _____</p>	<p><u>Original Permit (Certificate 81)</u></p> <p>___ Candidate has completed 25% of the IHE approved program leading to licensure</p> <p>___ Candidate has NOT completed 25% of the program requirements</p> <p><u>Original Out-of-Field Authorization (Certificate 52)</u></p> <p>___ Candidate holds a valid professional teaching certificate, but has not completed 25% of the approved program for the requested permit.</p> <p><u>Renewal Permit (Certificate 81-2)</u></p> <p>___ Candidate has completed 25% of the IHE approved program leading to licensure with 6 hours of coursework with a "B" or above in each course. List courses completed below at the bottom box.</p> <p>___ Candidate has not completed 25% of the program and not eligible to renew the permit.</p> <p><u>Renewal Out-of-Field Authorization (Certificate 52-2)</u></p> <p>___ Candidate has a valid teaching certificate, but has not completed 25% of the program to receive the First-Class/Full-Time Permit, but has completed the 6.0 hours of coursework with a "B" or above in each course. List courses for renewal below.</p> <p>Endorsement of Program</p> <table border="1"> <thead> <tr> <th>Endorsement</th> <th>Grades</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p>I certify the applicant is enrolled in a program leading to licensure in accordance with the applicant's endorsement listed on the Employing County section on this form.</p> <p>Signature of Designated College Official _____</p> <p>Title _____ Date _____</p> <p>List Renewal Coursework Below</p> <table border="1"> <thead> <tr> <th>Term</th> <th>Course Number & Title</th> <th>Grade</th> <th>Hours</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Endorsement	Grades	_____	_____	Term	Course Number & Title	Grade	Hours												
Endorsement	Grades																					
_____	_____																					
Term	Course Number & Title	Grade	Hours																			