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



	2. Disclosure of Background Information						
Social Security Number Birth Date (MM-DD-YYYY)	Prefer Not to Answer		Military Service: ☐ US Veteran or ☐ Spouse of US Veteran	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	ON	Previously Submitted
Last Name Firs (If your name has changed since your last applied) Street Address	cation, proof of name change must be att	tached, e.g. copy of marria	Zip Code	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.			
Primary Phone				2) Have you ever been disciplined, reprimanded, suspended, or			
Email (Required) Are you employed by a West Virginia School Sys				discharged from any employment because of allegations of miscon- duct?			
Indi	icate Race and Ethnicity (Check all th	hat apply)		Have you ever resigned, entered into a settlement agreement, or			
Hispanic	☐ White ☐ Asian	■ Black/Afric	can American	otherwise left employment as a result of alleged misconduct?			
☐ Middle Eastern/North African (MENA)	☐ American Indian/Alaskan Native	■ Native Hawaiian/C	Other Pacific Islander	4) Is any action now pending against you for alleged misconduct in any school district, court, or be-			
	3. Applicant Signature			fore any educator licensing agency?	\longmapsto		
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.				5) Have you ever been arrested, charged with, convicted of, or are currently under indictment for a felony?*			
ANV INTOTTIALION SUDMILLEU UL ULI TELUTU MAV DE	to public increation and/or publication	== === our privacy policy los	td on aur wahaita	<u> </u>	oxdot		
	rópen to public inspection and/or publication a	as per our privacy policy lo	cated on our website.	Have you ever been arrested, charged with, or convicted of a misdemeanor? (For the purpose of the purpose of the purpose)			
Signature of Applicant	open to public inspection and/or publication of	as per our privacy policy lo	cated on our website. Date	charged with, or convicted of a misdemeanor? (For the purpose of this application, minor traffic viola- tions should not be reported.)			
	4. Fingerprinting Informatio	as per our privacy policy loc	cated on our website.	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			
	4. Fingerprinting Informatio	as per our privacy policy loc		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			
Signature of Applicant Fingerprinting instructions at https://wvd	4. Fingerprinting Informatio de.us/certification/certification-info/app	on plication-forms/first-tim		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			
Signature of Applicant Fingerprinting instructions at https://wvd	4. Fingerprinting Informatio de.us/certification/certification-info/app V. complete at background through IdentoGo. All	on Il firsttime applicants must	Date ne-application/ have fingerprints processed	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 included for all charges, including the	6, the fo	ollowing r ∵have be	must be en dis-
Fingerprinting instructions at https://wvd I have previously received Certification in WV I have never held WV Certification and will coby IdentoGo (https://www.identogo.com). A fine	4. Fingerprinting Informatio de.us/certification/certification-info/app V. complete at background through IdentoGo. All	on Il first-time application is reall once the application is really the second on the application is really the second on the second	Date ne-application/ have fingerprints processed received by the WVDE.	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 included for all charges, including the missed:	ose that	t have be	must be een dis-
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Form 41 - Early Ch	ildhood Classroom Assistant 1	Teacher Authorization
Social Security Number: _		
Last Name:	First Name:	MI:

20250116	Lasi Name:			
Information listed on this application must be supported by official do				certificates of completion, or
Verification of Employment				
Applicant Information Page must be attached. Applicant is currently employed as an Early Childhood Classrod Required): Community Program Director Community Program Director Email		, 0	YES ECCAT Date	NO □ Permanent Only
Applicant is employed by West Virginia Public School District. (If yes, complete State Compentency Exam section below)			YES 🗆	NO 🗆
State Competency Exam				
The applicant has taken and passed the current state competency exc W.Va. Code §18A-4-8e and has satisfied this requirement	am for aides de	veloped pursuant to	YES Date:	Verification attached
Verification of Education				
The applicant holds the minimum of a high school diploma or GED.		YES 🗆	Documentation attached \Box	
Certification Request				
 Check one: □ Initial Temporary Authorization—Some certification required □ Renewal of the Temporary Authorization—Initial Authorization effective date of the most recently awarded). Authorization □ Permanent Authorization—All certification requirements are 	ion awarded p may be renew	reviously and a succe	essful completion of one spec	ialized training (after the
Authorization Pathway				
 □ Early Childhood WVDE Approved Course Work □ Child Development Associate (CDA) CredentialTM 		□ West Virginia Ap	prenticeship for Child Develo	opment Specialists (ACDS)
Commitment for Completing Required College Coursework of	and/or Profes	sional Development	for Specialized Training	
I understand that I am responsible for meeting the requirement Authorization until all requirements are met for the issuance of				
Signature (Not required when applying for permanent authorization)	<u> </u>	Date	_	

Early Childhood WVDE Approved Course Work including *CTE ECC	CAT Program of Study (Offi	cial College Transcripts or Copies of Certi	ficates of Co	mpletion Requi	ired)
	Course Name			Date	
1. PK-3 Science of Reading (incl. classroom mgmt)					
2. PK-3 Numeracy (incl. classroom expectations/managing behaviors)					
3. Child Development					
<u>4. Early Childhood Special Needs Instruction</u> *Must be CTE Completer with certificate or high school transcr	 ipt reflecting completed c	oursework			
West Virginia Apprenticeship for Child Development	Specialists (ACDS) (Co	pies of Official Certificates of Con	npletion R	equired)	
	Instructor Name		-	Date Complet	:e
1. First Semester					
2. Second Semester					
3. Third Semester					
4. Fourth Semester					
***PK-3 Science of Reading (incl. classroom mgmt)					
2. PK-3 Numeracy (incl. classroom expectations/managing behaviors)					
*Copy of semester certificate of completed coursework required **Copy of Official Certificate issued by United States Departmen		applying for permanent endorsement.			
Child Development Associate (CDA) Credential™					1
	CDA Advisor (Signature	Required)	ID i	#	Date
1. 160 professional experience hours & appropriate required assignment(s)					
 320 professional experience hours & appropriate required assignment(s) 					
3. 480 professional experience hours & appropriate required assignment(s)					
***PK-3 Science of Reading (incl. classroom mgmt)					
2. PK-3 Numeracy (incl. classroom expectations/managing behaviors)					
*Copy of Official Certificate issued by National Credentialing Age	ncy required for permane	nt endorsement (must be current)			'
(incl. classroom mgmt)***PK-3 Science of Reading and PK-3 Num	eracy are required for all	oathways and need to be taken			
Signature of Superintendent or Director of Community Pre-School Progra	m Date	Signature of Applicant			Date