



**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**

<b>If you answer yes to any question below, submit a narrative with your application.</b> 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**

20250116

**Form 61 - Aide V and Aide VI Authorization**

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

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

Information listed on this application must be supported by official documentation such as official seal-bearing college transcripts, copies of certificates of completion, or any other source of verification. Failure to produce such documentation may result in the formal denial of this application

**Verification of Employment**

**Applicant Information Page must be attached.**

Applicant is currently employed as a special education Assistant Teacher or Behavioral Specialist (Signature Required):  
County Authorized Official \_\_\_\_\_

**YES**   
Placement Date  
\_\_\_\_\_

**NO**   
Permanent Only

Applicant is employed by West Virginia Public School District.  
(If yes, complete State Competency Exam section below)

**YES**

**NO**

**State Competency Exam**

The applicant has taken and passed the current state competency exam for aides developed pursuant to W.Va. Code §18A-4-8e and has satisfied this requirement

**YES**  **Date:** \_\_\_\_\_

**Verification attached**

**Verification of Education**

The applicant holds the minimum of a high school diploma or GED.

**YES**

**Documentation attached**

**Certification Request**

**Check one:**

- Initial Temporary Authorization—Some certification requirements are met (current employment).
- Renewal of the Temporary Authorization—Initial Authorization awarded previously and successful completion of one specialized training (after the effective date of the most recently awarded). Authorization may be renewed once (not valid for CTE route).
- Permanent Authorization—All certification requirements are met as per WVBE Policy 5202.

**Coursework**

- Special Needs Classroom Assistant Teacher Courses
- Behavioral Specialist

**Commitment for Completing Required Coursework and/or Professional Development for Specialized Training**

I understand that I am responsible for meeting the requirements to renew the Temporary Authorization until all requirements are met for the issuance of the Permanent Authorization.

\_\_\_\_\_  
Signature (Not required when applying for permanent authorization)

\_\_\_\_\_  
Date