

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**

<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.

## Form 60—Paraprofessional Certificate-Educational Interpreter (County employment required)

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

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

MI: \_\_\_\_\_

REV 20250116

### Certification Request

**Check one:**

- Permanent Certificate** — All certification requirements are met (hold national cert. or minimum 3.5 EIPA performance score and all academic requirements are met, and passing EIPA-Written Test score)
- Initial Certificate** — All certification requirements are **NOT** met (must hold national certification or minimum 3.0 EIPA performance score, and completed coursework) - may be renewed **Two (2)** times
- Renewal Certificate** — Initial Certificate awarded previously and successful completion of 15 clock hours of WVDE approved professional development activities
- Restricted Certificate** (Renewable only **twice**) — Has met all requirements for initial certificate and taken one of the required assessments (EIPA, etc.) but not achieved the minimum required score.  
(*Approved Professional Development Plan must be submitted*)

#### Verification of Education

The applicant holds the minimum of a high school diploma or equivalent.  **YES** Verification attached

#### National Certification

**EIPA-Performance Score 3.5 3.0 Other**  (Check one and circle score as applicable)  
 **EIPA-Written**  **NAD Level III Level IV**  **NIC**

#### 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 have satisfied this requirement.  **YES** Verification attached

**DATE:** \_\_\_\_\_

#### Basic Skills (3 Semester Hours in Each or Equivalent Training)

	Courses Claimed			Praxis — CORE	
	Dept.	Course Name	Date	Score	Date Completed
<b>Reading</b>					
<b>Writing</b>					
<b>Math</b>					

#### General Studies (6 Semester Hours Required in Any Combination)

	Courses Claimed		
	Dept.	Course Name	Date
<b>Humanities OR</b>			
<b>Fine Arts OR</b>			
<b>Science OR</b>			
<b>Social Studies</b>			

#### Required Courses (3 Semester Hours in Each or Classroom Experience)

	Courses Claimed		
	Dept.	Course Name	Date
<b>Classroom Management</b>			
<b>Special Education*</b>			
Human Growth & Dev. or Psychology			
<b>Elective</b>			
<b>Elective</b>			
<b>Elective</b>			
<b>Elective</b>			

Classroom Experience	
Year	Specific Assignment

\* If two years of classroom experience is being used in lieu of coursework for the Special Education requirement, it is also required to document ten (10) clock hours of in-service training directly related to special education.

The ACDS certificate issued by the U.S. Department of Labor after Fall 2002 satisfies the following: Reading, General studies, Classroom Management, Special Needs, Human Growth and Development, and 3 semester hours of electives. The CDA certificate satisfies the following: Reading, Classroom Management, Special Needs, Human Growth and Development, and 3 semester hours of electives. The EIPA Written Test passing score satisfies the 9 elective hours, the Reading, Special Education, Human Development, and Social Studies course requirements.

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

**Applicant Information Page must be attached.**

\_\_\_\_\_  
Employing Superintendent Signature

\_\_\_\_\_  
Date