



Office of Professional Preparation
 Building 6, Room 252
 1900 Kanawha Boulevard East
 Charleston, WV 25305
 Phone: 304-558-7010

FOR EMPLOYING COUNTY OR INSTITUTION USE ONLY

Date of County Receipt: _____

Date Received by Institution of Higher Education: _____

FOR OFFICIAL WVDE USE ONLY

Date Received by the WVDE

Part 1 -Applicant Information

Social Security Number Birth Date (MM-DD-YYYY) Gender (M or F) US Citizen (YES or NO)

Last Name First Name MI Previous Last Name (Maiden)

(If name has changed since your last application, proof of name change must be attached e.g. photocopy of marriage certificate, etc.)

Street Address City State Zip Code

Primary Phone Secondary Phone E-Mail

Part 2 -Disclosure of Background Information

If you answer yes to any question below, SUBMIT with your application a complete narrative. Include dates, locations, school systems, and any other appropriate information.	YES	NO	Documentation Attached

1) Have you ever had adverse action taken against any application, certificate, or license in any state? Adverse action includes 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 charged with or convicted with or under indictment for a felony? *

6) Have you ever been 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. *

List the institutions from which you've earned a degree.		
College/University	Degree	Date

Are you currently employed by a West Virginia School System?

Yes No

If YES, please indicate the school system:

Do you currently hold a License to work in the public schools of West Virginia?

Yes No

Do you currently hold a License to work in the public schools of another state?

Yes No

Part 3—Applicant's 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.

Signature of Applicant Date

This Form must also be signed by your county superintendent OR if not employed, a Form 4B-Character Reference Form must be attached.

You must include a \$15.00 processing fee (payable to WVDE) with EACH APPLICATION FORM attached. Any applicant required to submit a fingerprint card is required to pay an additional \$34.00 Processing Fee.

List all application forms attached: _____

Form # Form # Form # Form # Form #

Supporting documentation do not require a fee e.g., Forms 4B, 7, 35, 36, 37, V10, V16.

Part 4 - Superintendent's Recommendation (Required if applicant is employed in WV School System)

Applicants not employed in a WV school system must submit a Form 4B Character Recommendation.

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 duties of a teacher. I recommend that s/he be granted certification.

Signature of Superintendent County Date

* For a YES response to items 5 & 6, the following must be included: 1) Judgment Order –OR– 2) Final Order –OR– 3) Magistrate Court Documentation –AND– 4) all other relevant court documentation.



Office of Professional Preparation
 Building 6, Room 252
 1900 Kanawha Boulevard East
 Charleston, WV 25305
 Phone: 304-558-7010
 Fax: 304-558-7843

Form 7—Release of Information

Social Security Number: _____

Last Name: _____ First Name: _____ MI: _____

Consent Agreement

For Purposes of Certification: I hereby request a record check be made to find any police record on the herein named individual and by submitting this request, I understand that the submitted information will be retained by the West Virginia State Police in the Automated Fingerprint Identification System. I certify that this is for official business and I am authorizing the WVDE to obtain any record found. I hereby authorize any representative of the WVDE bearing this release to obtain information from your files or other sources pertaining to my personal background including, but not limited to, academic, athletic, achievement, attendance, personal history, disciplinary action, medical, credit or any other records you may have regarding me. I hereby direct you to release such information upon the request of the bearer. This release is executed with the full knowledge and understanding that the information is for the official use of the WVDE. Consent is granted for the WVDE to furnish such information as is described above, to third parties in the course of the WVDE fulfilling its official responsibilities with regard to my application for certification. I hereby release you, the institution or establishment which you represent including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Printed Full Legal Name

Current Address

Signature _____ Date _____

Verification of Notary Public

State _____ County _____

Taken, Subscribed and Sworn Before Me this _____ Day of _____, 20_____.

My Commission Expires _____.

Signature of Notary Public

Release of Information to County Board of Education

Check this box to release the results of the WV State Police criminal history background check to a county board of education for purposes of employment.

I understand according to W. Va. Code §18A-3-10, upon my written consent to the WVDE and **within ninety (90) days** of the State Police fingerprint analysis that the results of said analysis may be provided to a county board of education with which I am applying for employment without further cost to me. I understand that if I do not consent, I will have to undergo an additional state check for employment as per W. Va. Code §18-5-15c and I may be responsible for the cost of the background check.

APPLICANT INITIAL HERE:

County Request for Criminal Identification Bureau Results

I verify that the individual identified below will be hired or has been hired by the _____ County Board of Education. I am requesting that the results from the CIB be forwarded to this office if the applicant has undergone a background check for initial licensure within the last ninety days and has consented to their release.

Name of Individual

Social Security Number

Signature of Superintendent _____ Date _____

Requirement

According to W. Va. Code §18-A-3-10, any applicant for an initial license issued by the West Virginia Department of Education (WVDE) shall be fingerprinted by the West Virginia State Police in accordance with West Virginia Board of Education Policy 5202 in order to determine the applicant's suitability for licensure. The fingerprints shall be analyzed by the State Police for a state criminal history record check through the central abuse registry and then forwarded to the Federal Bureau of Investigation (FBI) for a national criminal history record check. Information contained in either the central abuse registry record or the FBI record may form the basis for the denial of a certificate for just cause. The applicant for initial certification pays for the cost of obtaining the central abuse registry record and the FBI record. Upon written consent to the WVDE by the applicant and within ninety days of the state fingerprint analysis, the results of a state analysis may be provided to a county board with which the applicant is applying for employment without further cost to the applicant. Information maintained by the WVDE or a county board of education which was obtained for the purpose of the criminal history check is exempt from the disclosure provisions of chapter twenty-nine-B of West Virginia Code. Nothing in this section prohibits disclosure or publication or information in a statistical or other form which does not identify the individuals involved or provide personal information.



Office of Professional Preparation
 Building 6, Room 252
 1900 Kanawha Boulevard East
 Charleston, WV 25305
 Phone: 304-558-7010
 Fax: 304-558-7843

Form 4B-Character Reference

Social Security Number: _____

Last Name: _____ First Name: _____ MI: _____

Requirements

W. Va. Code §18A-3-1 states that the state superintendent has the authority to issue certificates in accordance with rule adopted by the West Virginia Board Education. W. Va. Code §18A-3-1 states that "a certificate to teach shall not be granted to any person who is not a citizen of the United States, is not of good moral character and physically, mentally and emotionally qualified to perform the duties of a teacher and who has not attained the age of eighteen years on or before the first day of October of the year in which his or her certificate is issued; except that an exchange teacher from a foreign country, or an alien person who meets the requirements to teach, may be granted a permit to teach within the public schools of the state." W. Va. Code §18A-3-1 refers to the renewal of certificates and states that the candidate for licensure must receive "recommendation based on successful teaching experience from a county superintendent of schools of the county in which the holder last taught or resides." Verification of these qualifications is needed to issue a license to work in the public schools of West Virginia. WVBE Policy 5202 §126-136 requires that individuals employed in WV county obtain the recommendation of the superintendent in that county.

Recommendation Based Upon Educational Experience

The person named hereon _____ last taught in my school/school district during the _____ school year in _____ school and was assigned to teach _____ at the _____ grade level. To the best of my knowledge the person is of good moral character and is physically, mentally and emotionally qualified to perform the duties of an educator and s/he was a successful educator.

 Name Title

 Address

 City State Zip

 Signature Date

Recommendation Based Upon Non-Educational Experience

I have known the person named hereon _____ for a period of _____ years as a _____ (capacity in which you know the person). To the best of my knowledge the person is of good moral character and is physically, mentally and emotionally qualified to perform the duties of an educator and I know of no reason s/he should not be granted a license to work in the public schools of West Virginia.

 Name Title

 Address

 City State Zip

 Signature Date

STUDENT TEACHING INFORMATION SHEET

DATE: _____

NAME: _____

MAIDEN: _____

PHONE: _____

CELL: _____

E-MAIL: _____

SSN#: _____

WVU ID#: 700 _____

CERTIFICATION FIELDS: _____

STUDENT TEACHING SEMESTER: _____

YEAR: _____

GRADUATION DATE: _____

STUDENT TEACHING INFORMATION:

GRADE LEVEL/SUBJECT AREA

NAME OF PUBLIC SCHOOL

PLEASE RETURN WITH CERTIFICATION PACKET
710A ALLEN HALL
CALL (304) 293-3125 WITH QUESTIONS