



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)

Street Address City State Zip Code

Primary Phone Secondary Phone E-Mail

List the institutions from which you've earned a degree.			Are you currently employed by a West Virginia School System? Yes No	Do you currently hold a License to work in the public schools of West Virginia? Yes No
College/University	Degree	Date		
			If YES, please indicate the school system: _____	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

The following forms are included with this application:

Form # Form # Form # Form # Form # Form # Form #

You must include a \$15.00 Processing Fee with EACH FORM attached. (Excluding Forms 4B, 7, 35, 36, 37, V10, V16)
Any applicant required to submit a fingerprint card is required to pay an additional \$34.00 Processing Fee.

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

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. *			

* 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.



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Form 36—Tuition Reimbursement

Social Security Number: _____

Last Name: _____ First Name: _____ MI: _____

Applicant

Employing County

- This application must include the following:**
- Official seal-bearing grade mailer, report, or transcript reflecting a minimum 3.0 GPA for classes claimed
 - Official seal-bearing college receipt reflecting a zero balance due
 - Completed, dated, and signed W-9 Tax Form (Must be a current version with accurate information)

*As superintendent, I certify that the applicant is a teacher as defined by W. Va. Code §18-1-1 and meets the criteria for tuition reimbursement as defined in WVBE Policy 5202 126CSR136 §23.1. I further certify that the course(s) listed have been completed in accordance with **one** of the following options:*

Courses Claimed for Reimbursement

	Course Number	Course Name
1		
2		
3		

Option 1: The applicant is on a continuing contract and holds a Professional Certificate that needs to be renewed and has a salary classification of MA+15 or less. (15 hour lifetime maximum)

Option 2: The applicant has completed coursework in a verified **shortage area** and the shortage area is verified on this application.

County: _____ Date: _____

County: _____ Date: _____

Certificate Expiration: _____

Shortage Area: _____

School/Fiscal Year: _____

Tuition	\$	
Mandatory Fees	\$	
Total Requested	\$	

 Superintendent's Signature

 Superintendent's Signature

For West Virginia Department of Education Use Only

I certify that I have read the criteria for tuition reimbursement and I meet all eligibility criteria. I further certify that all information I have provided on the application is accurate and that I have completed the course(s) indicated on the attached grade report. 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 and grounds for denial of reimbursement. I agree to repay any monies gained through submission of inaccurate information.

Acceptable-Renewal		Acceptable-Shortage Area	
Total Hours Approved		Total Hours Approved	
Total Amount Reimbursed		Total Amount Reimbursed	

Comments:

 Signature of Applicant

 Date

 Office of Professional Preparation

 Assistant State Superintendent