



Office of Professional Preparation
Building 6, Room 252
1900 Kanawha Boulevard East
Charleston, WV 25305
304-558-7010 4/30/12

Applicant Information Page

Date Received by County Board of Education: _____

Date Received by Institution of Higher Education: _____

Part 1 -Applicant Information

Social Security Number _____ Birth Date (MM-DD-YYYY) _____ Gender (M or F) _____ US Citizen (YES or NO) _____ Served in US Armed Forces (YES or NO) _____

Last Name _____ First Name _____ MI _____ Previous Last Name (Maiden) _____
(If your 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 _____

List the institutions from which a degree has been earned			Are you currently employed by a West Virginia School System?		Do you currently hold a License to work in the public schools of West Virginia?	
College/University	Degree	Date	Yes	No	Yes	No
			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 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 _____

A \$25 non-refundable fee required payable to WVDE for each application. Applications attached:

Form # _____ Form # _____ Form # _____

Supporting documentation attached:
(non-fee required Forms, e.g. Forms 4B, 7, V10, V16)

Form # _____ Form # _____ Form # _____

Part 4—Fingerprinting Information

First-time applicants are required to have fingerprints processed by L-1 Solutions (L1enrollment.com).

☐ I have previously received Certification in WV and understand that I do not need to re-submit my fingerprints.

☐ I have never held WV Certification and have recently submitted my fingerprints to L1 Solutions on ____/____/____
(L1 Transaction # _____)

Part 5 - Superintendent Recommendation (Required if employed in 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 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 a narrative with your application. The narrative should include dates, locations, school systems, and all/any other information that explains the circumstance(s) in detail.

YES NO Documentation Attached

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 & 6, the following must be included for all charges, including those that have been dismissed or expunged: 1) Judgment Order; **OR** 2) Final Order; **OR** 3) Magistrate Court Documentation; **AND** 4) all other relevant court documentation.



REV 20110701

Form V18—Adult Permit for EMT and Fire Service Training

Social Security Number: _____

Last Name: _____ First Name: _____ MI: _____

Please verify the following:

☐

INITIAL CERTIFICATION

☐

RENEWAL OF CERTIFICATION

Initial Emergency Medical Technician Renewal Certification

Initial Fire Service Certification

Please verify the following information for INITIAL Certification:

Please verify the following information for INITIAL Certification:

Y N	Minimum of a High School Diploma or GED
Y N	Minimum 4 years work experienced (Verified on V-10)
Y N	Valid WV EMT/Paramedic License or National Registry EMT/Paramedic (Copy Attached)
Y N	Valid CPR instructor certification (Copy Attached)
Y N	Achieved score of 85% or higher on the National Registry (Copy Attached)
Y N Effective Date: _____	Completed approved instructor training program for EMT instructors (Documentation on file at RESA)
Y N Effective Date: _____	Completed approved field based experience for EMT instructors (Documentation on file at RESA)

Y N	Minimum of a High School Diploma or GED (copy attached)		
Y N	Minimum 4 years work experienced (original V-10 attached)		
Indicate that the applicant completed required training in the following areas and the Completion Date where required (Documentation on file at RESA):			
Y N Date: _____	Firefighting	Y N	CPR
Y N Date: _____	Hazardous materials	Y N	First Aid
Y N Date: _____	Instructor training program	Y N Date: _____	Field-based experience in fire instructor training

For RENEWAL ONLY OF EMT Certification

For RENEWAL ONLY of Fire Service Certification

Y N	The following information is reflected on documents filed by the RESA Public Service Coordinator:
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Y N	The following information is reflected on documents filed by the RESA Public Service Coordinator:
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A. Applicant completed 27 hours of teaching in an approved EMT Basic or Refresher Course:

Date:		Location:	
Date:		Location:	
Date:		Location:	

B. Applicant served as an evaluator for at least one practical examination:

Date:		Location:	
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C. Applicant attended at least three approved seminars:

Date:		Location:	
Date:		Location:	

D. Applicant holds valid:

Expiration Date: _____	WV EMT, WV Paramedic, National Registry EMT or National Registry Paramedic Certification
Expiration Date: _____	CPR Instructor Certification

A. Applicant completed 36 hours of teaching activity in an approved fire service or related course:

Date:		Location:	
Date:		Location:	
Date:		Location:	

B. Applicant attended at least two approved instructor seminars:

Date:		Location:	
Date:		Location:	

Signature of RESA Public Service Coordinator

As the Regional Public Service Coordinator, I verify the information on this application is truthful and accurate.

Signature _____ RESA # _____ Date _____

Application Information Page must be attached.