

West Virginia Department of Education

Career and Technical Education / Adult Education Webinar

Thursday, November 5, 2015

Objective: To review the latest WVBE Policy 5202 licensure requirements and changes to application forms

Office of Educator Effectiveness and Licensure

Executive Director

Dr. Monica Beane

Assistant Director

Mr. Robert Hagerman

Teacher Quality Coordinators

Mr. Robert Mellace

rmellace@k12.wv.us

Mrs. Jodi Oliveto-Moore

joliveto@k12.wv.us

Career and Technical Education Licensure

Complete Requirements may be
Accessed in the Latest Version of
WVBE Policy 5202 at
<http://wvde.state.wv.us/policies/>



CTE Application Summary (5-AD)

- Form V7 and V7A
 - Career and Technical Certificate (Fee \$35 in-state, \$100 out of state)
 - Applicant must have completed an approved CTE program OR hold a valid WV Professional Teaching Certificate and meet all requirements OR hold a valid out-of-state CTE certificate
- Form V9
 - First Class Full-Time CTE Permit (Fee \$50)
 - Applicant must make a commitment to complete an approved program (see requirements in policy)
 - Substitute CTE Permit (Fee \$50)
 - Applicant has not made a commitment to complete an approved program (see requirements in policy)

Form V7 Requirements

- Initial Career and Technical Certificate
 - General Requirements
 - Valid WV Professional Teaching Certificate OR Completion of an Approved CTE Program with a minimum **2.5 GPA**
 - Wage Earning Experience / Education Level Requirements of Appendix C (Approved Notarized V10 Required)
 - Passing Scores on the Basic Skills Exam (Unless Applicant has a Qualifying Exemption)
 - Industry Recognized Credential Requirements of Appendix C
 - NOCTI Exam Requirements of Appendix C
 - Recommendation of Employing County Superintendent, RESA Director, Multi-County Center Director or OIEP Director

Form V7 Requirements

- Renewal of the Career and Technical Education Certificate
 - Option 1:
 - Six Semester Hours of Appropriate College/University Coursework Related to the Public School Program with a Minimum 3.0 GPA, Completed Subsequent to Certificate Issuance and within Five Year Period Preceding Date of Application **OR**
 - Option 2:
 - Age 60 **OR**
 - Option 3
 - MA +30 Salary Classification or Higher

AND

- Recommendation of Employing County Superintendent, RESA Director, Multi-County Center Director or OIEP Director

Form V7 Requirements

- Permanent Career and Technical Education Certificate
 - Option 1:
 - Hold/Eligible for Five Year Certificate
 - Hold Earned Master's Degree Related to the Public School Program
 - Five Years Educational Experience, Including Two in the Requested Endorsement Area (V10 required) **OR**
 - Option 2:
 - Hold the Five Year Certificate and Renew it Once. The Applicant may Apply upon Meeting Eligibility for the 2nd Renewal, within Six Months of the Renewed Certificate's expiration.

AND

- Recommendation of Employing County Superintendent, RESA Director, Multi-County Center Director or OIEP Director



Form V7—Career Technical Certification

Social Security Number: _____

Last Name: _____ First Name: _____ MI: _____

Part 1 — Applicant

Select the appropriate action below and if applying for an initial career and technical certificate or renewal of a career and technical certificate, list the courses being used to meet the requirements of licensure.

Initial CTE Certificate

Additional Endorsement

Renewal of CTE Certificate

Permanent CTE Certificate

- Initial CTE Certificate requires that the applicant holds a valid WV Professional Teaching Certificate OR completes an Approved CTE Program with a 2.5 GPA
 - Renewal of the CTE Certificate may require six semester hours as identified in WVBE Policy 5202.

Term	Course Number & Title	Grade	Hours	Term	Course Number & Title	Grade	Hours

Official seal-bearing transcripts must be included, when applicable.

Part 2 — Employing County, RESA, Multi-County Center or OIEP

Requested Endorsement: Grades 5-AD, Endorsement # _____ Name of Endorsement _____

Initial CTE Certificate OR Additional Endorsement	Renewal of CTE Certificate (Select one only)	Permanent CTE Certificate (select one only)
Passed Basic Skills Exam or Qualifying Exemption	MA +30 Salary Classification <u>OR</u>	Holds/eligible for 5 year cert and renewed it once. (Applicant may apply upon meeting eligibility for second renewal, within six months of expiration) <u>OR</u>
Wage Earning Experience Verified by Form V10	Age 60 (requires copy of birth certificate or government issued documentation for verification) <u>OR</u>	
Industry Recognized Credential or N/A	Completed six semester hours of coursework related to the public school program with a minimum 3.0 GPA within five years of the application date	Holds master's degree related to the public school program AND holds or is eligible for the five year certificate AND has five years educational experience with two in the requested endorsement
Passed Required NOCTI Exam or N/A		Teaching experience must be verified by Form V10

Part 3 — Institutional Recommendation and Verification of Coursework (Required for Initial Only)

The educator has successfully completed coursework requirements for an Initial Career and Technical Education Certificate and I officially recommend the certificate be granted.

WVU Institute of Technology, Career and Technical Education Chair Signature

Date

Form V7A Requirements

- Temporary Career and Technical Certificate
 - General Requirements
 - Hold a Valid Out-of-State Career and Technical Education Certificate in the Specialization(s) Requested
 - Three Years of Successful Out-of-State Experience as an Educator in the Requested Specialization(s) within the Seven Years Preceding the Date of Application (V10 required)
 - Recommendation of Employing County Superintendent, RESA Director, Multi-County Center Director or OIEP Director or Form 4B (see policy)

Form V7A Requirements

- Initial Career and Technical Certificate
 - General Requirements
 - Hold a Valid Out-of-State Career and Technical Education Certificate in the Specialization(s) Requested
 - Three Years of Successful Out-of-State Experience as an Educator in the Requested Specialization(s) within the Seven Years Preceding the Date of Application (V10 required)
 - Industry Recognized Credential Requirements of Appendix C
 - NOCTI Exam Requirements of Appendix C
 - Recommendation of Employing County Superintendent, RESA Director, Multi-County Center Director or OIEP Director or Form 4B (see policy)



Form V7A—Career Technical Certification (Out of State)

Social Security Number: _____

Last Name: _____ First Name: _____ MI: _____

Applicant's Request for a Certificate (select one only)

I am requesting a Temporary Career and Technical Education Certificate (may lack either the industry required credentials or the NOCTI exam scores, if applicable)

I am requesting an Initial Career and Technical Education Certificate

Requirement Verification for the Initial Career and Technical Education Certificate and the Temporary Career and Technical Education Certificate

I hold a valid out-of-state Career and Technical Education Certificate in the following specializations requested (see attached certificate copy):

_____, _____, _____

I hold three years of successful out-of-state experience as an educator in the requested specialization(s) within the seven year period preceding the date of this application as detailed in the list below and verified by the attached form V10.

	Specialization	School	State	Teaching Experience Employment Dates
Year 1				
Year 2				
Year 3				

Requirement Verification for the Initial Career and Technical Education Certificate

I hold the required industry recognized credential(s) (as identified in Appendix C of WVBE Policy 5202) **OR** identify as N/A

I hold passing scores on the required NOCTI exam(s) (as identified in Appendix C of WVBE Policy 5202) **OR** identify as N/A

Applicant Signature

I swear or affirm under 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.

Applicant Signature _____

Date _____

Questions?

Career and Technical Education Certificate

Form V9 Requirements

- Initial First-Class Full-Time Permit
 - General Requirements
 - Professional Commitment Verifying Enrollment in Approved Career and Technical Education Program
 - Wage Earning Experience / Education Level Requirements of Appendix C (V10 Required)
 - Passing Scores on the Basic Skills Exam
 - Industry Recognized Credential Requirements of Appendix C
 - Recommendation of Employing County Superintendent, RESA, Multi-County Center Director, or OIEP Director

Form V9 Requirements

- Renewal of the First-Class Full-Time Permit
 - Professional Commitment Verifying Enrollment in Approved Career and Technical Education Program
 - Verification by the Designated IHE Official in which the Program is being Completed that the Applicant has Completed Six Semester Hours Reflecting a Minimum 3.0 GPA within the Approved Program
 - Industry Recognized Credential Requirements of Appendix C if Previously Allowed One Year to Attain Credential(s)
 - NOCTI Exam Requirements of Appendix C
 - Recommendation of Employing County Superintendent, RESA, Multi-County Center Director, or OIEP Director



REV 20151105

Form V9—First-Class/Full-Time CTE or Substitute CTE Permit

Social Security Number: _____

Last Name: _____ First Name: _____ MI: _____

Applicant's Request for CTE Permit	Employing Entity's Verification of Employment	WVUIT Official Recommendation
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First-Class/Full-Time CTE Permit

I am applying for:
 Initial First-Class/Full-Time CTE Permit
 Renewal of First-Class/Full-Time CTE Permit
 Name of the institution where you expect to complete requirements for specializations:

By Signing this Agreement:

A) I am making a formal commitment to complete the state-approved educational preparation program at the institution named above.
 B) I agree to furnish this institution with official seal-bearing transcripts from all of the institutions I have attended.
 C) I understand that I must complete at least six semester hours of credit with a minimum 3.0 GPA each year to renew my permit.
 D) I understand that I must satisfy all course and testing requirements for the CTE license in this specialization(s) within five (5) years from the date of issuance of the original First-Class/Full-Time Permit.

Request for Licensure:
 Initial First-Class/Full-Time CTE Permit
 Renewal of First-Class/Full-Time CTE Permit

Official Board Employment Date:

(Employment Date)

Endorsement(s) Requested (5-AD)

(Code #) (Endorsement)

(Code #) (Endorsement)

Initial First-Class/Full-Time Permit

I certify the applicant has enrolled or submitted a professional commitment with the intent of enrolling in the approved career and technical education program for the endorsement(s) requested.

Renewal of the First-Class/Full-Time CTE Permit

I certify that the applicant has completed six semester hours of renewal credit with at least a 3.0 GPA. The credits are within the approved program for the Professional Certificate and in accordance with the applicant's endorsement/assignment.

Note: WVUIT Official Recommendation is not required for the Substitute CTE Permit.

Substitute CTE Permit

I am applying for:

Initial Career and Technical Education Substitute Permit

Renewal of the Career and Technical Education Substitute Permit

Request for CTE Substitute Permit:

Original Career/Technical Substitute Permit—18 clock hours of training completed on : _____

Renewal of Career/Technical Substitute Permit—12 hours of training completed on: _____

(Code #) (Endorsement) (Code #) (Endorsement)

Term	Course Number & Title	Grade	Hours

Signatures

I understand that it is my responsibility to meet all requirements for:

First-Class/Full-Time Career and Technical Education Permit

Substitute Career and Technical Education Permit

 Signature of Applicant

 Date

I verify that the applicant is the most qualified candidate for the position. I have informed the applicant that (s)he must satisfy renewal requirements as specified in the WVDE Policy 5202 or (s)he will not be eligible for reassignment to this position.

 Signature of Superintendent or Director

 Date

Signature of WVU Institute of Technology Career and Technology Education Department Chair.

 Date

Questions?

Career and Technical Education First-Class
Full-Time Permit

Form V9 Requirements

- Initial Career and Technical Education Substitute Permit
 - General Requirements
 - 18 Clock Hours of County Authorized Training, Only Six Hours may Include Class Observations.
 - Registered nurses with a valid nursing license hired for practical nursing or nursing assistant programs are exempt from the training
 - Individuals with a Valid WV Professional Teaching Certificate are exempt from the training
 - Wage Earning Experience / Education Level Requirements of Appendix C (V10 Required)
 - Industry Recognized Credential Requirements of Appendix C
 - Recommendation of Employing County Superintendent, RESA Director, Multi-County Center Director or OIEP Director

Form V9 Requirements

- Renewal of the Career and Technical Education Substitute Permit
 - 12 Clock Hours of County Authorized Training. Only Three Hours may Include Classroom Observations.
 - Industry Recognized Credential Requirements of Appendix C if Previously Allowed One Year to Attain Credential(s)
 - Recommendation of Employing County Superintendent, RESA Director, Multi-County Center Director or OIEP Director



REV 20151105

Form V9—First-Class/Full-Time CTE or Substitute CTE Permit

Social Security Number: _____

Last Name: _____ First Name: _____ MI: _____

Applicant's Request for CTE Permit	Employing Entity's Verification of Employment	WVUIT Official Recommendation
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First-Class/Full-Time CTE Permit

I am applying for:

Initial First-Class/Full-Time CTE Permit

Renewal of First-Class/Full-Time CTE Permit

Name of the institution where you expect to complete requirements for specializations:

By Signing this Agreement:

A) I am making a formal commitment to complete the state-approved educational preparation program at the institution named above.

B) I agree to furnish this institution with official seal-bearing transcripts from all of the institutions I have attended.

C) I understand that I must complete at least six semester hours of credit with a minimum 3.0 GPA each year to renew my permit.

D) I understand that I must satisfy all course and testing requirements for the CTE license in this specialization(s) within five (5) years from the date of issuance of the original First-Class/Full-Time Permit.

Request for Licensure:

Initial First-Class/Full-Time CTE Permit

Renewal of First-Class/Full-Time CTE Permit

Official Board Employment Date:

(Employment Date)

Endorsement(s) Requested (5-AD)

(Code #) (Endorsement)

(Code #) (Endorsement)

Initial First-Class/Full-Time Permit

I certify the applicant has enrolled or submitted a professional commitment with the intent of enrolling in the approved career and technical education program for the endorsement(s) requested.

Renewal of the First-Class/Full-Time CTE Permit

I certify that the applicant has completed six semester hours of renewal credit with at least a 3.0 GPA. The credits are within the approved program for the Professional Certificate and in accordance with the applicant's endorsement/assignment.

Note: WVUIT Official Recommendation is not required for the Substitute CTE Permit.

Substitute CTE Permit

I am applying for:

Initial Career and Technical Education Substitute Permit

Renewal of the Career and Technical Education Substitute Permit

Request for CTE Substitute Permit:

Original Career/Technical Substitute Permit—18 clock hours of training completed on: _____

Renewal of Career/Technical Substitute Permit—12 hours of training completed on: _____

(Code #) (Endorsement) (Code #) (Endorsement)

Term	Course Number & Title	Grade	Hours

Signatures

I understand that it is my responsibility to meet all requirements for:

First-Class/Full-Time Career and Technical Education Permit

Substitute Career and Technical Education Permit

Signature of Applicant Date

I verify that the applicant is the most qualified candidate for the position. I have informed the applicant that (s)he must satisfy renewal requirements as specified in the WVDE Policy 5202 or (s)he will not be eligible for reassignment to this position.

Signature of Superintendent or Director Date

Signature of WVU Institute of Technology Career and Technology Education Department Chair.

Date

Questions?

Career and Technical Education Substitute Permit

Adult Education Licensure

Complete Requirements may be
Accessed in the Latest Version of
WVBE Policy 5202 at
<http://wvde.state.wv.us/policies/>



Adult Applications Summary (Adults Instruction)

- Form V15
 - Adult Basic Education (HS Equivalency, etc.) (Fee \$35)
- Form V17
 - Endorsements listed in Appendix C, Table 5 **except** EMT and Fire Service (Fee \$35)
- Form V18
 - EMT and Fire Service endorsements (Fee \$35)

Form V15 Requirements

- Initial Adult License Endorsed for Adult Basic Education
 - General Requirements
 - Bachelor's Degree from Regionally Accredited Institution of Higher Education
 - Minimum Overall Cumulative GPA of 2.5 for a Bachelor's Degree (see 126-136-9.8)
 - Recommendation of Employing County Superintendent, RESA, Multi-County Center Director, or OIEP Director

Form V15 Requirements

- Renewal of the Adult License Endorsed for Adult Basic Education
 - Option 1:
 - Six Semester Hours of College/University Coursework Reflecting a Minimum 3.0 GPA and Prescribed for Issuance of a Professional Teaching Certificate or in a Program of Adult Education **OR**
 - Option 2:
 - Age 60

AND

- Professional Development Activities Approved by the Licensing Agency
- Recommendation of Employing County Superintendent, RESA, Multi-County Center Director, or OIEP Director



REV 20151105

Form V15—Adult License for Adult Basic Education

Social Security Number: _____

Last Name: _____ First: _____ MI: _____

Employing County, RESA, Multi-County Center or OIEP

Option 1— Initial Adult License for Adult Basic Education

The applicant has been employed and is recommended for certification

Date of Employment : _____

The applicant has included a copy of their official transcripts with a bachelor’s degree and minimum 2.5 GPA.

Option 2— Renewal Adult License for Adult Basic Education (select one option)

Option 1: The applicant has provided official transcripts reflecting six (6) semester hours of approved coursework with a minimum 3.0 GPA, prescribed for issuance of a Professional Teaching Certificate or in a program of Adult Education **OR**

Option 2: The applicant has reached age 60 and attached a copy of their birth certificate as proof to this application

AND The applicant has completed all required Adult Basic Education Professional Development Activities and documentation is on file with their employer (required for both options).

Date In-Service was completed (required) _____

Note: The Office of Adult Education and Workforce Development **must** provide approval (via e-mail or authorized official signature) of six (6) semester hour of course-work and professional development activities as part of the application review process at the WVDE before an application may be approved.

Signature

Signature of Superintendent, RESA Director, Multi-County Director or OIEP Director

Date

Questions?

Adult Basic Education

Form V17 Requirements

- Permanent Adult Part-Time Permit
 - General Requirements
 - Wage Earning Experience / Education Level Requirements of Appendix C (V10 Required)
 - Industry Recognized Credential Requirements of Appendix C
 - Recommendation of Employing County Superintendent, RESA, Multi-County Center Director, or OIEP Director

Note: EMT and Fire Service Endorsements are Ineligible for a Permanent Adult Part-Time Permit Use Form V18.



REV 20151105

Form V17—Permanent Adult Part-Time Permit

Social Security Number: _____

Last Name: _____ First Name: _____ MI: _____

Information

**FORM V10 AND APPLICANT INFORMATION PAGE MUST ACCOMPANY THIS FORM
FORM V18 REQUIRED IF APPLYING FOR EMT OR FIRE SERVICE TRAINING**

Employing County, RESA, Multi-County Center or OIEP

Adult Permit for Occupational Area Identified in WVBE Policy 5202, Appendix C, Table 5: _____

FORM V10 MUST BE INCLUDED WITH THIS APPLICATION

EDUCATION LEVEL DOCUMENTATION, IF APPLICABLE (HS DIPLOMA/EQUIVALENT OR DIPLOMA)

INDUSTRY CREDENTIAL ATTACHED, IF APPLICABLE

_____/_____/_____
Employment Date

Signature of Superintendent, RESA Director, Multi-County
Center Director or OIEP Director

_____/_____/_____
Date

Applicant Signature

Applicant Signature

_____/_____/_____
Date

Form V18

- Initial EMT Adult Part-Time Permit
 - General Requirements
 - High School Diploma or Equivalent (ex. GED)
 - Completed Four Years of Recent Volunteer or Paid Work Experience (V10 Required)
 - Scores Reflecting a Minimum of 85% on a WVDE Approved Examination
 - Hold current WV EMT, WV Paramedic or National Registry EMT License
 - Hold Valid CPR Instructor Certification
 - Complete an Approved Instructor Course
 - Successfully Complete the EMT Field-Based Experience
 - Recommendation of Employing County Superintendent/RESA Director

Form V18

- Initial Fire Service Adult Part-Time Permit
 - General Requirements
 - High School Diploma or Equivalent (ex. GED)
 - Completed Four Years of Recent Volunteer or Paid Work Experience (V10 Required)
 - Scores Reflecting a Minimum of 85% on a WVDE Approved Examination
 - Hold First Aid or Advanced EMS Certification
 - Hold Valid CPR Certification
 - Complete an Approved Instructor Training Program
 - Successfully Complete the Field-Based Experience in Fire Instructor Training
 - Verification of Completion of Required Training in Firefighting and Hazardous Materials
 - Recommendation of Employing County Superintendent/RESA Director

County/RESA Selects Initial Certification and Verifies All Criteria. Pay Close Attention to See if Documentation is to be Attached or Kept on File at RESA

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 Certification

Please verify the following information for INITIAL Certification:

Y	N	Minimum of a High School Diploma, GED or equivalent (documentation attached)
Y	N	Minimum 4 years work experience (original V-10 attached)
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% on WVDE approved examination (Copy Attached)
Y	N	Completed approved instructor training program for EMT instructors (Documentation on file at RESA)
Y	N	Completed approved field based experience for EMT instructors (Documentation on file at RESA)

Initial Fire Service Certification

Please verify the following information for INITIAL Certification:

Y	N	Minimum of a High School Diploma, GED or equivalent (documentation attached)			
Y	N	Minimum 4 years work experience (original V-10 attached)			
Y	N	Achieved score of 85% on WVDE approved examination (Copy Attached)			
Y	N	Valid CPR certification (Copy Attached)			
Y	N	Valid First Aid or Advanced EMS certification (Copy 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	Hazardous materials	Y	N	Firefighting
Y	N	Instructor training program	Y	N	Field-based experience in fire instructor training

For RENEWAL ONLY OF EMT Certification

LEAVE THIS SECTION BLANK

A. Applicant holds valid:

Expiration Date: _____ WV EMT, WV Paramedic, National Registry EMT or National Registry Paramedic Certification (copy attached)

Expiration Date: _____ CPR Instructor Certification (copy attached)

B. Applicant completed 30 hours of teaching in an approved EMS or related courses:

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

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

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

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

For RENEWAL ONLY of Fire Service Certification

LEAVE THIS SECTION BLANK

A. Applicant completed 30 hours of teaching activity in an approved fire service or related course:

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

B. Applicant attended at least three approved instructor seminars:

Date:	Location:	
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Signature of RESA Public Service Coordinator w/ Date

Signature of RESA Public Service Training Coordinator

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

Signature _____ RESA # _____ Date _____

Applicant Information Page must be attached.

Form V18

- Renewal of the EMT Adult Part-Time Permit
 - Hold a Valid WV EMT, WV Paramedic, or National Registry EMT or Paramedic License
 - Hold Current CPR Instructor Certification
 - Complete 30 Hours of Teaching Activity in EMS or Related Courses Subsequent to Issuance of License Being Renewed
 - Serve as an Evaluator for at Least One Practical Examination Subsequent to Issuance of License Being Renewed
 - Attend at Least Three Approved Instructor Seminars Subsequent to Issuance of License Being Renewed
 - Recommendation of Employing County Superintendent/RESA Director

Form V18

- Renewal of the Fire Service Adult Part-Time Permit
 - Complete 30 Hours of Teaching Activity in an Approved Fire Service or Related Course Subsequent to Issuance of License Being Renewed
 - Attend at Least Three Approved Instructor Seminars Subsequent to Issuance of License Being Renewed
 - Recommendation of Employing County Superintendent/RESA Director

20131216

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

LEAVE THIS SECTION BLANK

LEAVE THIS SECTION BLANK

Please verify the following information for INITIAL Certification:

Y	N	Minimum of a High School Diploma, GED or equivalent (documentation attached)
Y	N	Minimum 4 years work experience (original V-10 attached)
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% on WVDE approved examination (Copy Attached)

Please verify the following information for INITIAL Certification:

Y	N	Minimum of a High School Diploma, GED or equivalent (documentation attached)
Y	N	Minimum 4 years work experience (original V-10 attached)
Y	N	Achieved score of 85% on WVDE approved examination (Copy Attached)
Y	N	Valid CPR certification (Copy Attached)
Y	N	Valid First Aid or Advanced EMS certification (Copy Attached)

County/RESA Selects Renewal of Certification and Verifies All Criteria. Circle Yes and Pay Close Attention to See if Documentation is to be Attached or Kept on File at RESA

Indicate that the applicant completed required training in the following areas and the Completion Date where required (Documentation on file at RESA):

Y	N	Hazardous materials	Effective Date:	Y	N	Firefighting	Effective Date:
Y	N	Instructor training program	Effective Date:	Y	N	Field-based experience in fire instructor training	Effective Date:

For RENEWAL ONLY OF EMT Certification

Y N The following information is reflected on documents filed by the RESA Public Service Training Coordinator:

A. Applicant holds valid:

Expiration Date:	WV EMT, WV Paramedic, National Registry EMT or National Registry Paramedic Certification (copy attached)
Expiration Date:	CPR Instructor Certification (copy attached)

B. Applicant completed 30 hours of teaching in an approved EMS or related courses:

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

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

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

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

For RENEWAL ONLY of Fire Service Certification

Y N The following information is reflected on documents filed by the RESA Public Service Training Coordinator:

A. Applicant completed 30 hours of teaching activity in an approved fire service or related course:

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

B. Applicant attended at least three approved instructor seminars:

Date:	Location:	
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Signature of RESA Public Service Coordinator w/ Date

Signature of RESA Public Service Training Coordinator

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

Signature _____ RESA # _____ Date _____

Applicant Information Page must be attached.

Questions?

Adult Education

FORM V10

- Form required with both career and technical education and adult education applications
- Verifies wage earning experience as defined by policy 5202
- Must be signed and stamped by a notary public
- Job title/occupation and company name should match between the applicant and employer sections
- Employment begin and end date must cover the required years of experience based upon education level
- Employment end date must say present or use the date of application if the applicant is currently employed with the company (it may not be left blank)
- Tax records must be included for years of self-employment



REV20151105

Form V10—Verification of Work Experience

Social Security Number: _____

Last Name: _____ First Name: _____ MI: _____

Part 1—Applicant

Name of Company Verifying Employment
(Must be the same as Part 2)

Phone Number

Job Title or Occupation Verified by Employer
(Must be the same as Part 2)

Address of Company

City

State

Zip

County, RESA, Multi-County Center or OIEP
in which I am currently Seeking Employment

County Superintendent, RESA Director,
Multi-County Center Director or OIEP Director

Occupational Area/Endorsement Expected to Teach

Address of County Board of Education, RESA,
Multi-County Center or OIEP

City

State

Zip

I certify that I was employed by the company/agency I have identified. I authorize this company/agency to validate the information requested on this form and submit it to the county superintendent of schools, RESA Director, Multi-County Center Director or OIEP Director I have indicated.

Note: If self-employed, complete V10 and attach tax records for the year(s) of employment.

Applicant's Signature

Date

Part 2—Verification of Employment by Employer

Applicant's Job Title or Occupation
(Same as Part 1)

Employment Begin Date

Employment End Date
(or presently employed)

If part-time, indicate the number of hours worked per week: _____

Brief Description of Job Duties: _____

I confirm that the applicant is skilled, competent, and successful in her/his occupation. I, the undersigned, do solemnly swear that the above statement is truthful and accurate.

Name of Company *(Same as Part 1)*

Phone Number

Signature of Supervisor

Title

Part 3—Statement of Notary

State

County

Taken, subscribed and sworn before me this _____ day of _____, 20____.

My Commission Expires _____.

Signature of Notary Public

Official Seal Here

Resources

- To access the online payment system for application fees, please visit <https://wveis.k12.wv.us/certpayment/>
- To review the most current application forms, please visit <http://wvde.state.wv.us/certification/forms/>
- To review the most current course code manual and determine endorsement requirements, please visit <https://wveis.k12.wv.us/wveis2004/support.htm>
- To review the most current version of WVBE Policy 5202, please visit <http://wvde.state.wv.us/policies/>
- To review this PowerPoint after the meeting, please visit <http://wvde.state.wv.us/certification/resources.html>

West Virginia Department of Education

Office of Educator Effectiveness and Licensure

Teacher Quality Coordinators

Mr. Robert Mellace

rmellace@k12.wv.us

Mrs. Jodi Oliveto-Moore

joliveto@k12.wv.us

Phone: 1-800-982-2378 or 1-304-558-7010