

**IHE Notification Form
Alternative Certification Program**

Alternative Certification Teacher Candidate _____

Candidate Address: _____

Candidate Phone: _____ Candidate Email: _____

Employing County: _____ School: _____

Area of Certification: _____

Social Security Number: _____ Date of Birth: _____

(this info is requested to allow IHE to accurately match applicant with other submitted documents)

LEA Requirements

- Position was posted at least twice (total of 10 days) and no certified applicants applied
- Disclose AC process/employment/timelines with AC candidate(s) who are under consideration
- Make a formal offer of employment to the selected candidate(s) for the posted position(s)
Date of Employment: _____
Position: _____
- Assist selected candidate(s) with making application to WVDE for an Alternative Teaching Certificate
- After Alternative Teaching Certificate is approved by WVDE, notify IHE that recipient of the Alternative Teaching Candidate will be enrolling into the school district's state-approved alternative certification program of study
(please note that candidate cannot enroll in courses until the certificate is officially approved by WVDE)

Candidate Eligibility Requirements

- Bachelor's Degree with a minimum 2.5 GPA
Degree(s): _____
- Possess either transcripts reflecting an academic major or an occupational area in the same as or similar to the subject matter which the alternative program candidate is being hired to teach.
- Meets general requirements of Policy 5202 (18 years of age; US citizen; good moral character; physically, mentally and emotionally qualified)
- Clear criminal history background check
- Holds documentation verifying passing scores on pre-professional skills test(s) (Praxis CORE) or evidence of a qualifying exemption as described in Policy 5202.
Scores: Reading _____ Writing _____ Math _____
- (General Educator only) Holds documentation verifying passing scores on the subject matter test(s) required by WVBE.
Subject _____ Score _____

Application for the Alternative Teaching Certificate submitted to WVDE _____
Date

Signature of District Administrator

Date

Signature of Participant

Date

Email or fax the completed form to the institute of higher education:

Marshall University

Dr. Tina Allen

allenti@marshall.edu

Fax: 304-746-1942

Voice: 304-746-8958