Please **do not** staple

AI

Educational Aide or Student Monitor Permit Application

PERSONAL INFORMATION

SSN _____

-OR- Educator State ID ____ - _____

Birthdate _____ Male ☐ Female ☐

First Name _____ MI ____

Last Name _____

Address _____

_____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail _____

Other names that may appear on official documents (maiden, etc.)

_____

Ohio Department of Education

Office of Educator Licensure
25 S. Front St., Mail Stop 105
Columbus, Ohio 43215-4183

This application has 2 pages to be completed. **Please complete using black or blue ink only**.

Use this application for a **New or Renewal Educational Aide or Student Monitor Permit**.

Please check one:

☐ **New** ☐ **Renewal**

☐ **Correct effective year**

Amount enclosed: $ _____

BACKGROUND CHECKS

First Ohio License, Certificate or Permit

When an individual submits an application for his/her first license, certificate or permit issued by the Ohio Department of Education, a **BCI** and **FBI** background check report, completed within 365 days of the date the application is received, must be on file at the Department of Education.

Renewals and Additional Licenses, Certificates or Permits

Have you lived continuously in Ohio for the past 5 years? You must check one:

○ **YES**

An **FBI** background check is required if the report on file with ODE is more than 5 years old at the date the application is received. A **BCI** background check is required if you do not have one on file with ODE.

○ **NO**

Both the **BCI** and **FBI** background checks are required if the reports on file with ODE are more than five years old on the date the application is received.

Please note:

The Ohio Department of Education **is not able** to accept paper reports. All background check reports must be submitted to this office via *electronic* submission directly from the Ohio Bureau of Criminal Investigation. When you have your fingerprints taken at a WebCheck facility, please ask the person taking the prints to check the box under 'Reason Fingerprinted' to send to the Ohio Department of Education per the example below:

Reason Fingerprinted

[X] ***Send to the Ohio Department of Education***

Please **do not** use the Department of Education address in the 'mail to' section because the department is not able to utilize paper reports.
For more information on how to complete this electronic process, please visit www.ohioattorneygeneral.gov/Services/Business/WebCheck.

LEGAL QUESTIONS (Each question MUST be answered by placing a ✔ in the appropriate box.)

If you answer **YES** to any question, attach an explanation to this application. Please include the **year of conviction**, the **nature of the offense** and the **court where the matter was heard**.

☐ Yes ☐ No **Have you ever been convicted of, found guilty of, pled guilty to, or pled no contest to any misdemeanor other than a traffic offense?**

☐ Yes ☐ No **Have you ever been convicted of, found guilty of, pled guilty to, or pled no contest to any felony?**

☐ Yes ☐ No **Have you ever had a criminal conviction sealed or expunged?**

☐ Yes ☐ No **Have you ever had ANY professional certificate, license, permit, or an application for the same, revoked, suspended, limited or denied?**

☐ Yes ☐ No **Have you ever surrendered ANY certificate, license or permit, other than a driver's license?**

APPLICANT SIGNATURE

Il certify under penalty of loss of my right to teach or work in the schools of Ohio that the answers to these five questions are true and correct in every respect.

_____ _____

Signature of Applicant Date

Educational Aide, Student Monitor and Aide Technologist Permit

CREDENTIAL INFORMATION (Indicate Permit Requested.)

☐ **New** ☐ **Renewal** ☐ **Correct effective year to** _____ **$ 20**

☐ **1-Year Educational Aide** **$ 25**

One-year educational aide permits, new and renewal, may be issued at the request of an employing school district to individuals who hold a high school diploma or the equivalent.

☐ **4-Year Educational Aide** **$100**

Four-year educational aide permits may be issued to individuals who hold a high school diploma or the equivalent, and who have successfully performed their duties for a minimum of two years under one-year aide permits.

☐ **Addition of the ESEA Qualified Designation** **$ 20** (one-time fee)

The term "ESEA Qualified" may be added to the educational aide permit for individuals who have successfully completed one of the following criteria:

1. The **examination** for paraprofessionals prescribed by the State Board of Education **(ParaPro)**

   ☐ I am applying to the "ESEA Qualified" designation based on having passed the ParaPro, and I have requested the score for this test to be reported directly to the Ohio Department of Education by the Educational Testing Service. (The Ohio Department of Education's reporting code is R7945.) We will not accept paper copies.

2. An associate degree (or higher) from an accredited institution of higher education; or at least 2 years of study at an accredited institution of higher education (defined as 48 semester hours or 72 quarter hours).

   ☐ I am applying for the "ESEA Qualified" designation based on the college coursework or degree, and I have submitted official transcripts (no photcopies) with this application.

☐ 1-Year Student Monitor **$ 25**

☐ 4-Year Aide Technologist (renewal only) **$100**

EFFECTIVE YEAR

The effective year for an Ohio license begins July 1, regardless of the date of issuance. When renewing you may apply after January 1 of the year the permit expires.

Permit to **begin on July 1,** _____ .

SUPERINTENDENT SIGNATURE and MAIL TO ORGANIZATION
(All permits are mailed to the employing Ohio school/district)

I hereby request a permit for the individual named on this application.

_____ _____

Signature of Ohio School Superintendent Date

School District _____ IRN # | | | | | | |

APPLICANT SIGNATURE

I certify under penalty of the loss of my right to work in the schools of Ohio that the information provided on this page of the application is true and correct in every respect.

_____ _____

Signature of Applicant Date

_____

Print Name

Fees: Please enclose a money order or personal check payable to "**Treasurer, State of Ohio**" for each application. **DO NOT SEND CASH**. ($25 of the fee is non-refundable.)

Please Note: The $ 20 fee to add ESEA Qualified is a one-time fee. Once ESEA is added it will be printed on every renewal without an additional fee.

CHECKLIST Have you ...

___ Received the Superintendent's signature

___ Attached a check or money order

___ Completed each section on page 1 and page 2 and **signed page 1 and page 2**

___ Included official transcripts for ESEA, if applicable

___ Requested electronic submission of the BCI and FBI, if applicable

___ Requested electronic submission of the ParaPro scores, if applicable