Please **do not** staple

2-Year Provisional License Renewal or Advance a 2-Year Provisional/2-Year Alternative to a 5-Year Professional License

2R/A

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 to

Renew a 2-Year Provisional License

Advance a 2-Year Provisional License to a 5-Year Professional License

Advance a 2-Year Alternative License to a 5-Year Professional License

Please check one:

☐ **Renewal** ☐ **Advance**

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

☒ ***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

I 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

CREDENTIAL INFORMATION (Indicate License Requested).

Please indicate the license type(s). You may reference the general instructions page to find your license TYPE codes. The teaching field and endorsement codes will be automatically entered by the Office of Educator Licensure.

☐☐ ☐☐

☐ **RENEWAL 2-Year Provisional License**

Please submit **OFFICIAL TRANSCRIPTS (no photocopies or grade reports)** showing all coursework required for the renewal. If transcripts are to be sent separately from the application, include a note indicating which college(s) will be sending transcripts.

Career Technical Workforce Development License: Individuals who are renewing this license must submit a completed CTE-37 Form signed by the university official verifying eligibility to renew. Transcripts are not required for the renewal.

☐ **ADVANCE 2-Year Provisional License to a 5-Year Professional License**

Please check one:

☐ ***Teachers* who fulfilled requirements of the *Transition Resident Educator Program* including mentoring and formative assessments**

Resident Educators must have their mentors and superintendents sign the Transition Resident Educator Verification Form on page 4 verifying completion of the Transition Resident Educator Program including formative assessments with an ODE certified mentor.

Individuals who are advancing a **Career Technical Workforce Development** license must also submit a completed CTE-37 Form signed by the university official verifying that all program requirements have been met.

☐ ***Teachers* who fulfilled the former *Entry Year Program and Praxis III Assessment* if completed prior to July 1, 2009**

Please submit a letter, on district letterhead, signed by the superintendent of the district where the entry year program was completed, verifying successful completion of the mentoring component of the entry year program. Praxis III Assessment data needs to have been reported directly to the Ohio Department of Education.

Individuals who are advancing a **Career Technical Workforce Development** license must also submit a completed CTE-37 Form signed by the university official verifying that all program requirements have been met.

☐ ***Career Technical Workforce Development teachers* who already hold another 5-year professional teaching license**

Career technical workforce development teachers who already hold another type of 5-year professional teaching license are not subject to entry year or transition resident educator program requirement and must submit only the CTE-37 Form signed by the university verifying that all program requirements for the new license have been met.

☐ ***Counselors* advancing to a 5-year professional license**

☐ ***Teachers* who completed three years of *teaching outside the state* of Ohio**

Teachers who have completed three years of teaching in another state must submit a letter, on district letterhead, signed by the superintendent or human resources director verifying that experience. A copy of the teaching license must also be submitted.

☐ ***Teachers* who completed an *alternative* licensure pathway**

Alternative educators who complete the Transition Resident Educator Program during the 2010-11 school year must have their mentor and superintendent sign the Transition Resident Educator Verification Form on page 4 verifying completion of the Transition Educator Program including formative assessments with an ODE certified mentor. Alternative license holders must also complete all additional requirements prior to applying to advance to the 5-year professional license, including two years of mentored teaching under the alternative license; additional professional education coursework; and required licensure exams.

☐ ***Principals* advancing to the 5-year professional license**

Principals have the option to advance and align this license to an existing 5-year license; or, the license may be issued as a separate 5-year license with an effective date that is reflective of the current year. If aligned, the license will take on the validity period of the existing license.

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 license expires.

License to begin on July 1, _____.

MAIL TO ORGANIZATION OR INDIVIDUAL (Check only one box.)

☐ Home ☐ School District School District Name _____ IRN # ☐☐☐☐☐☐

APPLICANT SIGNATURE

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

_____ _____

Signature of Applicant Date

_____

Print Name

Transition Resident Educator Program Verification

First Name _____ Last Name _____ Birthdate _____

SSN _____ - _____ - _____ **OR** Educator State ID _____ - _____

Resident Educators must have their mentor and superintendent sign below verifying completion of the Transition Resident Educator Program using the required formative assessments with an ODE certified mentor.

I certify the applicant fulfilled the requirements of the Transition Resident Educator Program using the required formative assessment tools during school year 2009-2010 or 2010-2011.

Please indicate the year of mentoring

☐ 2009-2010 ☐ 2010-2011

_____ School or District

☐☐☐☐☐☐ IRN#

_____ Signature of Mentor

_____ Date

Print Mentor Name _____

I certify the applicant fulfilled the requirements of the Transition Resident Educator Program and the mentor is an ODE-certified mentor.

_____ School or District

☐☐☐☐☐☐ IRN#

_____ Signature of Superintendent

_____ Date

GENERAL INSTRUCTIONS

Please read carefully

Use this application to:
Renew a 2-Year Provisional License
Advance a 2-Year Provisional Teaching, School Counselor or Principal to a 5-Year Professional License
Advance an Alternative TEACHING License to a Standard License
Advance a 2-Year License to a 5-Year Professional License based on out of state teaching experience

Application status may be checked online at education.ohio.gov. Use the search option to access Educator Profile.

PLEASE DO NOT STAPLE MATERIALS TOGETHER. Please mail to:

Office of Educator Licensure
25 South Front Street, Mail Stop 105
Columbus, OH 43215-4183

ADVANCING A 2-YEAR ALTERNATIVE

The holder of an alternative educator license may advance to a standard teaching license upon completion of two years of successful teaching experience under the alternative educator license as verified in a letter, on letterhead, by the employing school superintendent; successful completion of the required Praxis II tests; AND

- for Adolescence to Young Adult 7-12: completion of 12 additional semester hours of coursework, with a GPA of 2.5 or above, prior to expiration of the alternative educator license, from a college or university approved to prepare teachers, in the principles and practices of teaching; student development and learning; pupil assessment procedures; curriculum development; classroom management; and teaching methodologies
- for Intervention Specialist K-12: completion of 12 additional semester hours of course work, with a GPA of 2.5 or above, prior to expiration of the alternative educator license, from a college or university approved to prepare teachers, in the principles and practices of teaching; student development and learning; pupil assessment procedures; curriculum development, classroom management; and teaching methodologies; or in the teaching of reading and/or phonics.

FEES

A check or money order payable to "Treasurer, State of Ohio" covering the application fee(s) specified for the license(s) requested must accompany each application. **Do not send cash**.

Please note: $25 of the processing fee is non-refundable if eligibility requirements for the license are not met.

2-Year Provisional License **Renewal** = $80 for the first license type
$20 for each additional license type requested with the same effective year

Advance a 2-Year Provisional License to a 5-Year Professional License:

Teacher = $ 200
$ 20 for each additional license type requested with the same effective year.
Counselor = $ 200

Principal = $ 200
$ 20 if aligned to an existing 5-year Professional License.

LICENSE TYPES

(62) MIDDLE CHILDHOOD (4-9)
(63) ADOLESCENCE TO YOUNG ADULT (7-12)
(64) MULTI-AGE (PK-12)
(65) INTERVENTION SPECIALIST
(66) CAREER-TECHNICAL
(71) EARLY CHILDHOOD (PK-3)
(72) EARLY CHILDHOOD INTERVENTION SPECIALIST (PK-3)
(73) PRINCIPAL
(74) PUPIL SERVICES (school counselor)