Please **do not** staple

AE

Adult Education Permit Application (New and Renewal)

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**.

Please check one:

☐ **New** ☐ **Renewal**

☐ **Correct effective year**

☐ **Add a teaching field**

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 Permit Requested.)

☐ New ☐ Renewal ☐ Add a teaching field ☐ Correct effective year to _____ **$ 20**

Indicate teaching field(s) requested.

☐ **1-Year Adult Education Permit** **$ 25**

☐ **4-Year Adult Education Permit** **$100**

TEACHING ASSIGNMENT (This section must be completed.)

Name (or content) of course(s) applicant will be teaching.

_____

_____

_____

DEGREE INFORMATION

Highest educational level completed (check only one):

☐ High School (or equivalent) ☐ Associate ☐ Bachelor ☐ Master ☐ Doctorate

College/University _____ State _____ Date of Completion _____

EFFECTIVE YEAR

The effective year for an Ohio permit begins July 1, regardless of the date of issuance.

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 license for the individual named on this application.

_____ Signature of Ohio School Superintendent

_____ Date

School District _____ 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 of the application is true and correct in every respect.

_____ Signature of Applicant

_____ Date

_____ Print Name

GENERAL INSTRUCTIONS

Adult Education Permit

1. **Please use blue or black ink to complete this application.**
   Failure to properly complete this application or to include appropriate documents may result in considerable processing delays.

2. **SIGNATURE OF SCHOOL DISTRICT OFFICIAL**
   All applications for Adult Education Permits must be initiated and signed by the employing school district. When approved and issued, permits are mailed to the school district.

3. **APPLICANT SIGNATURE**
   The applicant must sign each page of the application form.

4. **Processing Fees:**
   New and Renewal:

1-Year Adult Education Permit	**$ 25**
4-Year Adult Education Permit	**$ 100**
Add a teaching field	**$ 20**
Correct effective year	**$ 20**

   Payment must be made by check or money order, payable to: **"Treasurer, State of Ohio." DO NOT SEND CASH.**

   Please note: $25 of the fee is non-refundable.

5. **Official transcripts**
   Individuals who apply for an initial permit to teach ABLE and do not hold an Ohio teaching certificate or license must submit official transcripts evidencing a minimum of a bachelor's degree.

ADULT BASIC AND LITERACY EDUCATION (ABLE) PROGRAMS

ABLE teachers working in a Local Education Agency (LEA) who already possess a valid Ohio teaching certificate or license are not required to obtain a 1-year Adult Education Teaching Permit.

Individuals who have an expired Ohio teaching certificate/license or those with a minimum of a bachelor's degree must apply for the permit.

Individuals without a bachelor's degree may continue to obtain an Adult Education Teaching Permit only if they held a permit during fiscal year 2003 and they continued to apply for permit renewal uninterrupted in subsequent years.

If an Adult Education Teaching Permit for ABLE is required, select from the following teaching field codes only:

130100 General Science	**110000** Mathematics
150002 Social Studies	**050504** Speech/Communication

ADULT WORKFORCE EDUCATION PROGRAMS:

For information about these programs please visit the ODE website at **education.ohio.gov** and search keywords "adult workforce education."

TEACHING FIELD CODES

Agriculture	010000
Distributive Education	040000
Health Occupations	070000
Home Economics	090000
Office Operation	140000
Trade & Industrial	170000
Personal Living	091064
EMT	070907
Firefighter Training	172801

Employing school districts may submit applications to:

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