Please **do not** staple

ALT-P

Alternative Principal License 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**.

Please check one:

☐ **New** ☐ **Renewal**

☐ **Correct: Effective year or Employing district**

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

Use this application for:

Alternative Principal License

CREDENTIAL INFORMATION - (Indicate License Requested.)

☐ **Alternative Principal License** **$ 40**

☐ NEW or ☐ RENEWAL

Please check the level requested **(based on assignment)**:

☐ **Principal, grades PK-6** ☐ **Principal, grades 4-9** ☐ **Principal, grades 5-12**

☐ **Advance to the 5-year professional Principal License** **$200**

☐ **Correct**

☐ Effective year to _____ **$ 20**

☐ Employing district to _____ IRN# ☐☐☐☐☐☐

EFFECTIVE YEAR

The effective year for an Ohio license or permit begins July 1, regardless of the date of issuance. License or permit to **begin on July 1,** _____.

DEGREE INFORMATION

Indicate the highest educational level completed:

☐ Bachelor ☐ Master ☐ Doctorate

College or University _____ State _____ Date _____

PRINCIPAL EXPERIENCE (Required for renewal.)

From/To	School District	City	Position Held	Grades

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

I hereby request an Alternative Principal License 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:** The **fee** is **$40** for an alternative license, new or renewal. The fee to advance to the standard 5-year professional license is **$200**. Please submit a check or money order made payable to **"Treasurer, State of Ohio." DO NOT SEND CASH.** Please note: $25 of the fee is non-refundable.

Submit with application for an INITIAL alternative license:

☐ **Official Transcripts** showing all college coursework, degrees and GPA of 3.0 **(no photocopies accepted)**.

☐ A **letter**, on letterhead, from the superintendent verifying the position in which the applicant will serve, including **grade levels**.

☐ **Documentation** of two or more years of teaching or five years of successful **experience** in teaching, administration, education or management. This must be third-party verification from the employer, in letter format on official business letterhead, and must provide details regarding dates of service, title of position, and the functions and responsibilities associated with the position.

Submit with application for the RENEWAL of the alternative license

☐ The **Verification Form** for renewal of the Alternative Principal license, signed by the applicant, the assigned mentor, and the superintendent of the employing district.

Submit with application to ADVANCE from the alternative to the 5-year professional license

☐ **Official transcripts** and the **Verification Form** to advance to the 5-year professional license with all requested verification signatures.

Submit with application to CORRECT employing district

☐ A letter, on letterhead from the superintendent of the former district, verifying the academic years worked under the Alternative Principal License and assignment, and verifying that you are no longer employed as a principal or assistant principal in that district.

Submit with application to CORRECT effective year

☐ A letter, on letterhead from the superintendent explaining the reason for the effective year change.

Benchmarks for

The Alternative Pathway to Principal Licensure

1. **AT THE END OF YEAR ONE** (prior to issuance of the second one-year alternative principal license) the following requirements must be met by **BOTH EDUCATORS AND NON EDUCATORS**, as verified by the employing superintendent:

   * **Assignment of a mentor who holds a standard principal license or certificate** and who has served in the capacity of principal
   * **Completion of the Interstate School Leaders Licensure Consortium (ISLLC) self-assessment** which may be accessed through the Ohio Department of Education's web site: www.education.ohio.gov. Type **ISLLC** in the search option to access thelink to the self-assessment.
   * **Development of a personal learning plan** approved by the mentor and superintendent
   * **Assistance in acquiring critical knowledge** in the following areas referenced in the Ohio Standards for Principals:

     Continuous improvement - Principals help create a shared vision and clear goals for the school and ensure continuous progress toward achieving the goals;

     Instruction - Principals support the implementation of high-quality standards-based instruction that results in higher levels of achievement for all students;

     School operations, resources, and learning environment - Principals allocate resources and manage school operations in order to ensure a safe and productive learning environment;

     Collaboration - Principals establish and sustain collaborative learning and shared leadership to promote student learning and achievement of all students;

     Parents and community engagement - Principals engage parents and community members in the educational process and create an environment where community resources support student learning, achievement, and well-being.

Bachelor's degree holders

Documentation of enrollment in and satisfactory progress in a master's program in education administration at an accredited institution

Master's degree holders

Documentation of satisfactory progress in meeting the requirement of six semester hours in school law, school supervision and teacher evaluation

NON-EDUCATORS

The employing school district shall develop and implement a planned program for obtaining classroom teaching experience. Such a program must require the alternatively-licensed principal or assistant principal to work with an experienced teacher who consistently demonstrates effective practice at the accomplished or distinguished level of the Ohio Standards for the Teaching Profession (esb.ode.state.oh.us) in order to obtain experience based on guidelines developed by the Ohio Department of Education.

A total of 180 clock hours is required, with a **minimum** of **90 hours completed in year one** and **90 hours in year two**.

2. **AT THE END OF YEAR TWO** (prior to issuance of the third one-year alternative principal license),

   NON EDUCATORS must provide verification from the employing superintendent of 90 clock hours of classroom teaching experience completed during year two.

   BACHELOR'S DEGREE HOLDERS must provide documentation of satisfactory progress in a master's program in education administration.

   MASTER'S DEGREE HOLDERS must provide documentation of continuing progress in meeting program requirements.

3. **ELIGIBILITY FOR A PROFESSIONAL LICENSE FOR PRINCIPALS** (at the conclusion of year three)

Bachelor's degree holders

* 3 years of successful experience under the alternative principal license
* Completion of a master's degree in education administration from an accredited institution
* Participation in a structured mentoring program provided by the school district
* Successful completion of Praxis II test 0411
* For non educators, verification of successful completion of required classroom teaching experience based on input from an experienced teacher who consistently demonstrates effective practice at the accomplished or distinguished level of the Ohio Standards for the Teaching Profession.

Master's degree holders

* 3 years of successful experience under the alternative principal license
* Completion of 6 semester hours in school law, school supervision, and teacher evaluation, plus an additional 6 semester hours from an accredited institution of higher education or 90 clock hours of professional development based on pre-assessment data and personal learning goals
* Participation in a structured mentoring program provided by the school district
* Successful completion of Praxis II test 0411
* For non educators, verification of successful completion of required classroom teaching experience based on input from an experienced teacher who consistently demonstrates effective practice at the accomplished or distinguished level of the Ohio Standards for the Teaching Profession.

Alternative Pathway to Principal Licensure
Verification Form for the First Renewal of the Alternative Principal License

This is to verify that _____ _____
(Name of Alternative License Holder) (State ID or Social Security Number)

has successfully completed the following requirements during the **first** year of the Alternative Principal Program during school year _____ - _____, which included the following components of a mentoring program:

1. Assignment of a mentor, who holds a standard principal license and who has served in the capacity of principal;
2. Completion of the Interstate School Leaders Licensure Consortium (ISLLC) self-assessment;
3. Development of a personal learning plan approved by the mentor and superintendent;
4. Assistance in acquiring critical knowledge in the following areas: continuous improvement; instruction; school operations, resources and learning environment; collaboration; parents and community engagement.

Signature of Alternative Administrator Candidate	Date	(Type or Print Name)
Signature of Assigned Licensed Mentor	Date	(Type or Print Name)
Signature of Employing Superintendent	Date	(Type or Print Name)

BACHELOR'S DEGREE HOLDERS

Documentation of enrollment in and satisfactory progress in a master's program in education administration at an accredited institution of higher education

MASTER'S DEGREE HOLDERS

Documentation of satisfactory progress in meeting the requirements of six semester hours in school law, school supervision and teacher evaluation

I verify that the alternatively license principal has completed satisfactory progress toward the masters degree or course work as required during the first year of service under the alternative principal license.

Signature of Employing Superintendent	Date	(Type or Print Name)

For non-educators requiring a planned program for obtaining classroom teaching experience:

For information regarding completion of this requirement you may go to the ODE website (education.ohio.gov).

Please search "**Alternative Licensure Toolkit**" and then click on the ***Alternative License for Principals PDF*** and go to the ***Program/Training Requirements*** page.

I verify that the school district developed a plan and the alternatively licensed principal worked with an assigned master teacher to obtain the minimum of 90 clock hours of classroom teaching in the first year.

Signature of Employing Superintendent	Date	(Type or Print Name)

25 South Front Street, Mail Stop 105, Columbus, Ohio 43215-4183
Telephone (614) 466-3593 • Fax (614) 466-1999
education.ohio.gov

Alternative Pathway to Principal Licensure
Verification Form for the Second Renewal of the Alternative Principal License

This is to verify that _____ _____
(Name of Alternative License Holder) (State ID or Social Security number)

has successfully completed the requirements during the **second** year of the Alternative Principal Program during school year _____ - _____, which included the following components of a mentoring program:

1. Continued assignment of a mentor who holds a standard principal license and who has served in the capacity of principal
2. Continued to serve as a principal and followed the personal learning plan approved by the mentor and superintendent
3. Continued assistance in acquiring critical knowledge in the following areas: continuous improvement; instruction; school operations, resources and learning environment; collaboration; parents and community engagement.

Signature of Alternative Administrator Candidate	Date	(Type or Print Name)
Signature of Assigned Licensed Mentor	Date	(Type or Print Name)
Signature of Employing Superintendent	Date	(Type or Print Name)

BACHELOR'S DEGREE HOLDERS

I verify that the alternatively licensed principal has completed satisfactory progress toward the masters degree program in education administration.

Signature of Employing Superintendent	Date	(Type or Print Name)

MASTER'S DEGREE HOLDERS

I verify that the alternatively licensed principal has provided documentation of continuing progress in meeting program requirements.

Signature of Employing Superintendent	Date	(Type or Print Name)

NON-EDUCATORS

Non-educators must complete an additional 90 clock hours of classroom teaching experience completed during year two.

I verify that the school district developed a plan and the alternatively licensed principal worked with an assigned experienced teacher to obtain the minumum of 90 clock hours of classroom teaching during year two.

Signature of Employing Superintendent	Date	(Type or Print Name)

25 South Front Street, Mail Stop 105, Columbus, Ohio 43215-4183
Telephone (614) 466-3593 • Fax (614) 466-1999
education.ohio.gov

Alternative Pathway to Principal Licensure
Verification Form to Advance to the 5-Year Professional License

This is to verify that _____ _____
(Name of Alternative License Holder) (State ID or Social Security number)

has successfully completed the requirements of the Alternative Principal Program during school years _____ - _____.

Signature of Alternative Administrator Candidate	Date	(Type or Print Name)
Signature of Assigned Licensed Mentor	Date	(Type or Print Name)
Signature of Employing Superintendent	Date	(Type or Print Name)

INDIVIDUALS WHO ENTERED THE ALTERNATIVE PRINCIPAL PROGRAM WITH A **BACHELOR'S DEGREE**

Please submit official transcripts evidencing a master's degree in **educational administration** from an accredited institution of higher education.

INDIVIDUALS WHO ENTERED THE ALTERNATIVE PRINCIPAL PROGRAM WITH A **MASTER'S DEGREE**

Please submit official transcripts evidencing a master's degree; and six semester hours in **school law, school supervision and teacher evaluation, AND**

either

Submit official transcripts evidencing an additional six semester hours from an accredited institution of higher education,

or

Verify completion of ninety clock hours of professional development based on pre-assessment data and personal learning goals as verified by the superintendent below:

I verify that the alternatively licensed principal has completed 90 clock hours of professional development based on pre-assessment data and personal learning goals.

Signature of Employing Superintendent	Date	(Type or Print Name)

NON-EDUCATORS verification of classroom experience

I verify that the school district developed a plan and the alternatively license principal worked with an assigned experienced teacher to **obtain the minumum of 180 clock hours of classroom teaching**.

Signature of Employing Superintendent	Date	(Type or Print Name)

Note to all applicants: The results of the Praxis II test #0411, Educational Leadership: Administration and Supervision must be submitted to the Ohio Department of Education electronically, directly from the Educational Testing Service.

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