Please **do not** staple

DUP/NAME

Duplicate or Name Change 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 one page to be completed.

Please complete using black or blue ink only.

Use this application to **Request a Duplicate** of a currently valid certificate/license/permit, or to **Request a Name Change** on a currently valid certificate/license/permit.

Amount enclosed: $ _____

CREDENTIAL INFORMATION

Please indicate the duplicate or name change requested for the license/licenses below.

☐ Duplicate

$20 for each duplicate certificate/license/permit requested.

Indicate certificate/license/permit (see codes on Page 2)

Code	Description

☐ Name Change
New Name _____

$20 for each duplicate certificate/license/permit requested.

Indicate certificate/license/permit (see codes on Page 2)

Code	Description

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?**

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 answers to these five questions are true and correct in every respect.

_____ _____

Signature of Applicant Date

GENERAL INSTRUCTIONS AND CODES

PLEASE DO NOT STAPLE MATERIALS TOGETHER. Please use a blue or black ink to complete this application.

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 fee is non-refundable if eligibility requirements for the license are not met.

Duplicate or Name Change

$ 20 for each certificate/license/permit type

PERMIT TYPES

(29) ADULT EDUCATION
(75) PUPIL ACTIVITY
(96) EDUCATIONAL AIDE
(97) STUDENT MONITOR

LICENSE TYPES

(29) ADULT EDUCATION
(62) MIDDLE CHILDHOOD (4-9)
(63) ADOLESCENCE TO YOUNG ADULT (7-12)
(64) MULTI-AGE (PK-12)
(65) INTERVENTION SPECIALIST
(66) CAREER-TECHNICAL
(67) FIVE-YEAR ASSOCIATE
(68) SUPERINTENDENT
(71) EARLY CHILDHOOD (PK-3)
(72) EARLY CHILDHOOD INTERVENTION SPECIALIST (PK-3)
(73) PRINCIPAL
(74) PUPIL SERVICES
(75) PUPIL ACTIVITY
(80) ADMINISTRATIVE SPECIALIST
(96) EDUCATIONAL AIDE
(97) STUDENT MONITOR

CERTIFICATE TYPES

(06) NON-TAX
(19) PREKINDERGARTEN ASSOCIATE
(20) PREKINDERGARTEN
(21) KINDERGARTEN-PRIMARY (K-3)
(22) KINDERGARTEN-ELEMENTARY (K-8)
(23) ELEMENTARY (1-8)
(24) MIDDLE GRADES (4-9)
(25) HIGH SCHOOL (7-12)
(26) SPECIAL ALL GRADES (K-12)
(27) EDUCATION OF THE HANDICAPPED (K-12)
(28) VOCATIONAL
(33) COMPREHENSIVE HIGH SCHOOL 7-12
(35) EAS - BUSINESS MANAGER
(36) EAS - ED. OF EXCEPTIONAL PUPILS
(37) EAS - ED. RESEARCH
(38) EAS - ED. STAFF PERSONNEL ADMIN
(39) EAS - INSTRUCTIONAL SERVICES
(40) EAS - PUPIL PERSONNEL ADMINISTRATION
(41) EAS - SCHOOL-COMM. RELATIONS
(42) EAS - VOCATIONAL DIRECTOR
(43) SCHOOL AUDIOLOGIST
(44) SCHOOL COUNSELOR
(45) SCHOOL NURSE
(46) SCHOOL PSYCHOLOGIST
(47) SCHOOL SPEECH LANGUAGE PATHOLOGIST
(48) OCCUPATIONAL THERAPIST
(49) PHYSICAL THERAPIST
(50) SCHOOL SOCIAL WORKER
(51) SUPERVISOR
(52) VOCATIONAL SUPERVISOR
(53) ELEMENTARY PRINCIPAL
(54) MIDDLE SCHOOL PRINCIPAL
(55) HIGH SCHOOL PRINCIPAL
(56) ASSISTANT SUPERINTENDENT
(57) LOCAL SUPERINTENDENT
(58) SUPERINTENDENT
(61) READING SUPERVISOR
(69) MRDD SUPERVISOR

Mail to:

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