

Educator State ID

Last Name	First Name	M.I.	Male Female	Birth Date
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Check the License Type being requested and attach appropriate application:

Initial Licenses	Extending/Advancing/License Renewals	Add Teaching Field or Endorsement
4 Year Alternative Resident Educator	Extending/Renewing 4 Year Alt RE License	Add Endorsement to Existing License
Initial Supplemental	Advancing 4 Year Alt RE to 5 Year Professional	Add Teaching Field to Existing License
	Renew Supplemental	
	Advancing Supplemental to 5 Year Professional	

License Type: Code 66 (Career-Technical) * Note: Contact Office of Career Technical Education to verify Teaching Code.

Teaching Field Code	Teaching Field Name	Endorsement (CBI /TTW Only)
1.		
2.		

Applicant to Complete

Bowling Green State University The Ohio State University The University of Toledo	Kent State Univ. Univ. of Rio Grande	Applicant: I understand that I must apply to the university selected, schedule coursework, and make progress in the licensure program required by the university.
		Electronic Signature _____ Date _____

School District to Complete **University to Sign upon Completion of Applicant Coursework**

Electronic Signature - Dist.Superintendent _____ Name of Dist.Superintendent _____ School District _____ School District IRN# _____	Electronic Signature - Name of University CT Director or Dean _____ Name of University Dean or Designee _____ Date _____
The applicant meets the criteria necessary to qualify for a CTE teaching license in the state of Ohio, based upon evaluation of the employment and educational credentials submitted. Applicant meets criteria set forth in the CTE-36.	I acknowledge the applicant has been accepted into the proper university program or has completed the university coursework requirements including Performance Based Assessment outlined by Ohio Revised Code.



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