



**Nominee Information**

**Personal Information**

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	MI	Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	Race/Ethnicity	Home Street Address	City	State	Zip

<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Telephone Number	Personal E-mail Address	Best Time To Contact

**Professional Contact Information**

Below, please select your current position/occupation. Select all that apply.

Teacher   
  Administrator   
  School Board Member   
  Higher Education   
  Retired  
 Curriculum Specialist/Coordinator   
  Other   
 Please specify:

<input type="text"/>	<input type="text"/>	<input type="text"/>
District/Organization Name	District IRN	District/Organization Type

If Other, please specify:

<input type="text"/>	<input type="text"/>	<input type="text"/>
School Name	School IRN	County

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
School/Organization Street Address	City	State	Zip

<input type="text"/>	<input type="text"/>	<input type="text"/>
Work Telephone Number	Extension	Work Fax Number

<input type="text"/>	<input type="text"/>
Work E-mail Address	Best Time To Contact

## Professional Licenses, Certification, & Experience

Degree(s):

Current License(s)/  
Certificate(s):

Current Grade Level Assignment (Grade, Subject):

Total Years of Professional Experience:

Years of Experience at This Grade Level:

Additional Responsibilities (e.g.,  
Department Chair, Committees):

Area(s) of Expertise/Specialization  
(e.g., Literacy, American History,  
Title I):

Experience With the New Ohio  
Standards and Common Core State  
Standards:

Experience With Performance  
Assessment:

Professional Memberships &  
Associations (e.g., OCTM, OSBA,  
OEA, OFT):

Honors & Recognition (e.g.,  
Teacher of the Year):

## Ohio Department of Education Committee Information

Prior Ohio Department of Education  
Committee Experience:

Below, please select the subject and/or interest areas with which would like to be involved. Select all that apply.

- Math     Career Tech     ELA     Science     Social Studies     No Preference

Below, please select the committee(s) with which would like to be involved. Select all that apply.

- Fairness & Sensitivity     Content Advisory     Rangefinding     No Preference

## Nominating Person or Organization

I am nominating myself for a committee.

Yes/No

If yes, please provide the name and contact information for your direct supervisor as professional reference. **You must get approval to participate on ODE committees prior to submitting this form.**

First Name

Last Name

Title

Organization

Work Telephone Number

Extension

Work E-mail Address

Your Association With the  
Reference:

If no, please provide the name and contact information for a nominating organization.

Nominating Organization

Nominator First Name

Nominator Last Name

Nominator Title

Work Telephone Number

Extension

Nominator's Association With  
Nominee:

**Thank You!**

Thank you for your interest in the Ohio Department of Education OPAPP Committees. Please save your completed form as a pdf and return it via e-mail attachment to the Tom Bulgrin at [tom.bulgrin@ode.state.oh.us](mailto:tom.bulgrin@ode.state.oh.us).