

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
1.		
2.		

Applicant to Complete

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

Electronic Signature - Dist.Superintendent School District 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.	Name of Dist.Superintendent School District IRN#	<p>University to Sign upon Completion of Applicant Coursework</p> Electronic Signature - Name of University CT Director or Dean Name of University Dean or Designee Date I acknowledge the applicant has been accepted into the proper university program or has completed the university coursework requirements outlined by Ohio Administrative Code.
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