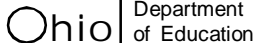


5-Year License Renewal or Transition Application

This application has 2 pages to be completed. Please print using black or blue ink only.

Page 1 of 2

PERSONAL INFORMATION																			
Educator ID or SSN _____ Birthdate _____ Gender _____ Male _____ Female _____ First Name _____ Last Name _____ MI _____ Address _____ City _____ State _____ Zip Code _____ E-mail _____ Home Phone _____ Cell Phone _____ Other names which may appear on official documents (e.g.: maiden) _____	<div style="text-align: center;">  </div> <p style="text-align: center;">Office of Educator Licensure 25 S. Front St, Mail Stop 105 Columbus, Ohio 43215</p> <p style="text-align: center;">Use this application for:</p> <p style="text-align: center;">Renewal of a 5-year license or Transition a 4-year or 8-year certificate to a 5-year license</p>																		
Amount enclosed: \$ _____																			
BACKGROUND CHECKS																			
<p>FIRST OHIO LICENSE, CERTIFICATE OR PERMIT When an individual submits an application for their very 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.</p> <p>RENEWALS AND ADDITIONAL LICENSES, CERTIFICATES OR PERMITS</p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p style="text-align: center;">Have you lived continuously in Ohio for the past 5 years? You must check one:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="radio"/> 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. </div> <div style="text-align: center;"> <input type="radio"/> 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. </div> </div> </div> <p><i>Please note:</i> The Ohio Department of Education is not able to accept paper reports. All background check reports must be submitted to this office via <i>electronic</i> 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:</p> <p style="margin-left: 40px;">Reason Fingerprinted <input checked="" type="checkbox"/> Send to the Ohio Department of Education</p> <p>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.</p>																			
<p>LEGAL QUESTIONS Each Question MUST be answered by placing an X in the appropriate box.</p> <p>If you answer YES to any question, attach explanation to this application. Please include the year of conviction, the nature of the offense, and the court where the matter was heard.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">YES</th> <th style="width: 10%;">NO</th> <th style="width: 80%;">HAVE YOU EVER</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td>Been convicted of, found guilty of, pled guilty to, or pled no contest to any misdemeanor other than a traffic offense?</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td>Been convicted of, found guilty of, pled guilty to, or pled no contest to any felony?</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td>Had a criminal conviction sealed or expunged?</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td>Had ANY professional certificate, license, or permit, or an application for same, revoked, suspended, limited, or denied?</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td>Surrendered ANY certificate, license or permit, other than a driver's license?</td> </tr> </tbody> </table> <p><i>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.</i></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;"> _____ Signature of Applicant </div> <div style="width: 35%;"> _____ Date </div> </div>		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?			Been convicted of, found guilty of, pled guilty to, or pled no contest to any felony?			Had a criminal conviction sealed or expunged?			Had ANY professional certificate, license, or permit, or an application for same, revoked, suspended, limited, or denied?			Surrendered ANY certificate, license or permit, other than a driver's license?
YES	NO	HAVE YOU EVER																	
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		Surrendered ANY certificate, license or permit, other than a driver's license?																	

CREDENTIAL INFORMATION - Indicate license request

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Please indicate the license type(s) or certificate type(s) for this request. You may use the code sheet on Page 3 to find your license or certificate TYPE codes. The teaching fields codes will be automatically entered by the Office of Educator Licensure.

- ☐ **5-Year Professional License Renewal**
- ☐ **Transition of a 4-Year Certificate or 8-Year Certificate to a 5-Year Professional License**
- ☐ **Aligning a 5-Year License Renewal or Transition to an existing 5-Year Professional License**

Note: The license will be issued with the effective year of the existing license (see effective year section below). The fee is \$20 for each certificate or license type that is requested to be aligned.

EFFECTIVE YEAR

The effective year for an Ohio license begins July 1, regardless of the date of issuance. When **renewing a 5-year license**, you may apply after January 1 of the year the license expires.

If you are **transitioning or renewing**, the license may be joined (aligned) to an existing 5-year professional license you hold and will take on the validity period of the existing license; or it may be issued as a separate 5-year license with an effective date that is reflective of the current year.

☐ License to begin on July 1, _____ (current academic year) ☐ License to be **aligned** to existing five-year professional license

MAIL TO ORGANIZATION OR INDIVIDUAL - Please check only one

- ☐ School District _____ School District IRN# _____
- ☐ Home Address _____

EMPLOYMENT

YES	NO	Are you currently employed in an Ohio school/district with an established Local Professional Development Committee ?			
From/To	School District	City	Position Held	Grades	

Educators **CURRENTLY EMPLOYED in the schools of Ohio**: If you answered **YES** in the Current Employment section on the application, your school/district Local Professional Development Committee (LPDC) must sign this application to verify that all professional development requirements for renewal have been met.

Signature of the Authorized Local Professional Development Committee (LPDC) Representative

I certify that the applicant has met all requirements in Section 3301-24-08 of the Teacher Education and Licensure Standards and is eligible to renew, or transition to, a 5-year professional license.

Signature of LPDC School or School District IRN# Date

Educators **NOT employed in the schools of Ohio**: If you answered **NO** in the Current Employment section on the application, you must submit **OFFICIAL TRANSCRIPTS (no photocopies or grade reports)** showing all coursework required for the renewal. A sealed envelope is not required. If transcripts are to be sent separately from the application, include a note indicating which college(s) will be sending transcripts.

If applicable, an LPDC "Verification for Educators Leaving an LPDC" Form, verifying completion of all or part of a renewal requirement, may be submitted with this application for persons who were employed in the schools of Ohio during the validity period of the license to be renewed, but who are not currently employed in this capacity.

Individuals renewing with a State Board license

Renewal of the **school audiologist, school social worker, school speech-language pathologist, school nurse, occupational therapist, physical therapist, occupational therapy assistant, and physical therapy assistant** licenses require evidence of a currently valid license issued by the respective Ohio licensure board. Please submit a photocopy of that license which includes the expiration date with your application. The school counselor and school psychologist may (but are not required to) be renewed with evidence of a currently valid license issued by the respective Ohio licensure board.

NOTE: At the second renewal of a 5-year professional license, the requirement of a master's degree or 30 semester hours of **graduate credit in classroom teaching or in an area of licensure** shall pertain to any individual who is admitted to a licensure program at an approved college or university after July 1, 1998, and to any individual who is admitted to a licensure program prior to January 1, 1998, and who completed said program after July 1, 2002. Any individual who received a four-year provisional teaching certificate as their initial Ohio credential is exempt from the master's degree or 30 semester hour requirement.

Route B Career Technical: At the second renewal of a 5-year professional license, the requirement of an associate degree (or higher) applicable to the career field, classroom teaching, or an area of licensure shall pertain to any individual who was issued an initial route B career-technical license after December 30, 2004.

ALL educators who are required to evidence completion of a **master's degree, or 30 semester hours of graduate coursework must submit** official transcripts to the Ohio Department of Education at the second renewal of the professional teacher license. **This would be** in addition to evidencing the professional development credits required during this second renewal cycle as verified by the Local Professional Development Committee (LPDC).

APPLICANT SIGNATURE

I certify under penalty of loss of my right to teach or 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 Print Name Date

General Instructions and Codes
5-Year Professional License Renewal or Transition

PLEASE DO NOT STAPLE MATERIALS TOGETHER. Please use a blue or black pen 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 processing fee is non-refundable if eligibility requirements for the license are not met.

Renewal or Transition - 5 year license: **associate** or **professional**

\$ 200 for the first license type

\$ 20 for each additional license type requested with the same effective year

\$ 20 to align a certificate or an expiring license to an existing 5-year license.

**** NOTE:** A certificate may be transitioned to a 5-year license at any time all requirements have been met. An application for a 5-year renewal may be submitted only after January 1 of the year of expiration, but at the time of renewal the license may be aligned to an existing 5-year professional license.

LICENSE TYPES

To be used by individuals who are renewing a credential initially earned as a License

- (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
- (80) ADMINISTRATIVE SPECIALIST

CERTIFICATE TYPES

To be used by individuals who are renewing a credential initially earned as a Certificate, or who are transitioning a Certificate to a License

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