

License Renewal

Educator ID Number or Social Security Number

____-____-_____

USE THIS APPLICATION ONLY FOR THE FOLLOWING LICENSE REQUESTS:

Two-Year Provisional Renewal, Advancing from a Two-Year to a Five-Year License,
Five-Year Professional or Associate License Renewal, Duplicate, or Correction

LR

A Last Name _____ First Name _____ M.I. _____ Gender M F Birthdate _____

 Other names (maiden, etc) which may appear on any official records: _____
 Address _____ City _____ State _____ Zip Code _____

B Check appropriate box

2-Year License Renewal

2-Year (Path B) Career-Technical Renewal

Advancing from a 2-Year License to a 5-Year License
 Upon successful completion of EntryYear for teachers and principals, or the Induction Year for Counselors

5-Year License Renewal

Duplicate of Current License

Correction to Current License
 (please specify correction requested)

Indicate the license type(s) you are requesting to renew
 NOTE: Field codes will be entered automatically by the system

G LEGAL QUESTIONS Each Question **MUST** be answered by placing a **X** in the appropriate box

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**

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?

FINGERPRINTS -BCI and FBI checks are valid for 365 days from the date the check was completed

ALL applicants are required to submit an Ohio BCI civilian background check AND a FBI background check from the Federal Bureau of Investigation. The Ohio Department of Education **is not able to** accept paper reports. All background check reports must be submitted to this office via *electronic* 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 the results to Teacher Cert per example below:

Reason Fingerprinted
 Send to Teacher Cert

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: http://www.webcheck.ag.state.oh.us/national_webcheck.htm.

If the WebCheck you use does not have FBI capability you must complete an FBI fingerprint card containing traditional "rolled" fingerprints. The Office of Educator Licensure will provide the card and instructions for you upon your request at 614/466-3593.

C License to begin on: **July 1,** _____
 Please read # 3 in General Instructions

D Have you successfully completed an Ohio Entry Year Praxis III performance assessment?
 _____ **YES** _____ **NO**

E Are you currently employed in the schools of Ohio?
 _____ **YES** _____ **NO**
 (See General Instructions)

F Most Recent Teaching and/or Other Educational Experience

From/To Dates _____

School District Name _____

City _____

County _____

State _____

Position Held/Subjects Taught _____

Grade Level _____

H

 Signature of School/District Superintendent District Date

I 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 a five-year professional license.

 Signature of Local Professional Development Committee (LPDC) Name of LPDC Date

J I certify under penalty of loss of my right to teach in the state of Ohio that the information provided on this application is true and correct in every respect.

 Signature of Applicant Home Telephone Number Date

K Mail License to (**Check Only One**): Applicant's Address Ohio School District Name: _____ IRN # _____

GENERAL INSTRUCTIONS FOR THE FOLLOWING LICENSE REQUESTS:

Two-Year Provisional Renewal, Advancing from a Two-Year to a Five-Year License, Five-Year Professional or Associate License Renewal, Duplicate, or Correction

Application status may be checked on the web site at: www.ode.state.oh.us. Use the search option to access EDUCATOR PROFILE.

1. **PLEASE DO NOT STAPLE MATERIALS TOGETHER.** Please use pen to complete this application. **NORMAL PROCESSING TIME IS 4 WEEKS.**
2. **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**). **NOTE:** Checks returned for insufficient funds can result in the **VOIDING** of the license.
2-Year License: \$24.00 for the first license type, \$10.00 for each additional license type requested with the same effective year
5-Year License: \$60.00 for the first license type, \$10.00 for each additional license type requested with the same effective year
Duplicate or Correction: \$10.00
3. **Section C: Effective Year**
The effective year for an Ohio license begins July 1, regardless of the date of issuance. When **renewing**, you may apply after January 1st of the year the license expires.
When an applicant qualified to advance from a 2-year provisional to a 5-year professional license, the new professional license will be issued as a separate license with a current effective year and will not be backdated to join an existing license with an earlier effective year.
4. **OFFICIAL TRANSCRIPTS** If transcripts are required, the documents must be original, official transcripts. **We do not accept photocopies or grade reports.** If transcripts are to be sent separately from the application, include a note indicating which college(s) will be sending transcripts.
5. **Two-Year License Renewal**
All applications for renewal of two-year provisional licenses are submitted directly to the Office of Certification/Licensure for evaluation. **These applications are not processed through a school/district LPDC.**
Persons enrolled in a career-technical (24-Hour) program at an Ohio college or university must submit a **CTE-37 Form signed by the university** with applications for renewal of a two-year provisional career-technical license.
6. **Advancing from the 2-Year Provisional to the 5-Year Professional License**
Section D: Teachers who hold the appropriate Ohio two-year provisional teaching license must have successfully completed an entry year performance assessment to be eligible for the five-year license. Section H must be completed when an applicant checks "yes" in section D. The signature of the superintendent will verify that the applicant has successfully completed the entry year experience MENTORING requirements prescribed by the State Board of Education and the laws of Ohio. Praxis III Assessment scores will be submitted to this office electronically by the state assessor.
NOTE: Persons who completed a career-technical (24-Hour) program at an Ohio college or university must submit a **CTE-37 Form signed by the university** with this application form verifying that all program requirements have been met.
7. **Renewal of a 5-Year License**
 - a) **Educators employed in the schools of Ohio:** If you answered **YES** to section **E** on the application, your school/district Local Professional Development Committee (LPDC) must sign in section I to verify that all requirements for renewal have been met.
 - b) **Educators not employed in the schools of Ohio:** If you answered **NO** to section **E** on the application, you must submit **OFFICIAL TRANSCRIPTS (no photocopies or grade reports)** showing all coursework required for the renewal. 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 a LPDC" Form**, verifying 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.

NOTE: ALL educators who are required to evidence completion of a **master's degree, or thirty semester hours of graduate credit**, at the second renewal of the professional teacher license must submit **official transcripts** to this office for evaluation with their application form in addition to evidencing a minimum of six semester hours completed during this second renewal cycle.
8. **Individuals renewing with a State Board license**
The **school audiologist, school social worker, school speech-language pathologist, school nurse, occupational therapist, physical therapist, occupational therapy assistant, and physical therapy assistant** licenses **MUST** be renewed with evidence of a currently valid license issued by the respective Ohio licensure board.

The **school counselor and school psychologist** **MAY** be renewed with evidence of a currently valid license issued by the respective Ohio licensure board, but they are not required to hold this license. Those who do not hold the board license may refer to the requirements in section 7 of these instructions.

A photocopy of that license, with the expiration date, must be submitted with your application.
9. **CODE SHEETS:** There are two sets of codes on this form. The certification codes are to be used if the educator initially transitioned from a certificate(s) to a license. The licensure codes are to be used if the educator's initial Ohio credential was a license.

Principals and School Counselors must present official verification forms successful completion of the Entry Year for Principals or the Induction Year for School Counselors.

LICENSE TYPES

- (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

- (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 EDUCATION
- (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 ADMIN
- (41) EAS - SCHOOL-COMM. RELATIONS
- (42) EAS - VOCATIONAL DIRECTOR
- (43) SCHOOL AUDIOLOGIST
- (44) SCHOOL COUNSELOR
- (45) SCHOOL NURSE
- (46) SCHOOL PSYCHOLOGIST
- (47) SCH SPEECH LANG. 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
- (70) MRDD PRINCIPAL

Teaching field codes will be entered automatically by the Office of Educator Licensure