

# 5-Year License Renewal or Transition Application

## PERSONAL INFORMATION

SSN \_\_\_\_\_

-OR- Educator State ID \_\_\_\_\_ - \_\_\_\_\_

Birthdate \_\_\_\_\_ Male  Female 

First Name \_\_\_\_\_ MI \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Other names that may appear on official documents (maiden, etc.)

\_\_\_\_\_



Office of Educator Licensure  
25 S. Front St., Mail Stop 105  
Columbus, Ohio 43215-4183

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

Use this application for **Renewal of a 5-year license, or Transition a 4-year/ 8-year certificate to a 5-year license.**

 **Renew** **Correct effective year**

Amount enclosed: \$ \_\_\_\_\_

## BACKGROUND CHECKS

### First Ohio License, Certificate or Permit

When an individual submits an application for his/her 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.

### Renewals and Additional Licenses, Certificates or Permits

**Have you lived continuously in Ohio for the past 5 years? You must check one:**

 **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.

 **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.

### Please note:

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 to the Ohio Department of Education per the example below:

#### Reason Fingerprinted

 **Send to the Ohio Department of Education**

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](http://www.ohioattorneygeneral.gov/Services/Business/WebCheck).

## LEGAL QUESTIONS (Each question MUST be answered by placing a ✓ in the appropriate box.)

If you answer **YES** to any question, attach an 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?
- Yes  No Have you ever been convicted of, found guilty of, pled guilty to, or pled no contest to any felony?
- Yes  No Have you ever had a criminal conviction sealed or expunged?
- Yes  No Have you ever had ANY professional certificate, license, permit, or an application for the same, revoked, suspended, limited or denied?
- Yes  No Have you ever surrendered ANY certificate, license or permit, other than a driver's license?

## APPLICANT SIGNATURE

**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.**

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Use this application for:  
**5-Year Professional License Renewal or Transition**

**CREDENTIAL INFORMATION - (Indicate license requested.)**

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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 and endorsement codes for each license 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**
- Correct effective year to \_\_\_\_\_**

**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**, \_\_\_\_\_.
- License to be **aligned** to existing five-year professional license.

**MAIL TO ORGANIZATION OR INDIVIDUAL - Please check only one.**

- School District \_\_\_\_\_ **IRN #**

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- Home Address \_\_\_\_\_

**EMPLOYMENT**

- Yes     No    Are you currently employed in an Ohio school/district?

From/To	School District	City	State	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 Rule 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
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Educators **NOT employed in the schools of Ohio**: If you answered **NO** in the 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 a currently valid license issued by the respective Ohio licensure board. 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.

**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 are true and correct in every respect.*

Signature of Applicant	Print Name	Date
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## GENERAL INSTRUCTIONS AND CODES 5-Year Professional License Renewal or Transition

**PLEASE DO NOT STAPLE MATERIALS TOGETHER.** Please use a blue or black ink 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 fee is non-refundable.

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.

Correction

- \$ 20 to correct effective year.

**\*\* 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

- |   |   |
|---|---|
| <p>(62) MIDDLE CHILDHOOD (4-9)</p> <p>(63) ADOLESCENCE TO YOUNG ADULT (7-12)</p> <p>(64) MULTI-AGE (PK-12)</p> <p>(65) INTERVENTION SPECIALIST</p> <p>(66) CAREER-TECHNICAL</p> <p>(67) FIVE-YEAR ASSOCIATE</p> | <p>(68) SUPERINTENDENT</p> <p>(71) EARLY CHILDHOOD (PK-3)</p> <p>(72) EARLY CHILDHOOD INTERVENTION SPECIALIST (PK-3)</p> <p>(73) PRINCIPAL</p> <p>(74) PUPIL SERVICES</p> <p>(80) ADMINISTRATIVE SPECIALIST</p> |
|---|---|

### 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

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

Ohio Department of Education  
Office of Educator Licensure  
25 South Front Street, Mail Stop 105, Columbus, Ohio 43215-4183  
Telephone (614) 466-3593 • Fax (614) 466-1999