

Advance to Senior Professional Educator License or Lead Professional Educator License

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
Advance to Senior Professional Educator License
or
Lead Professional Educator License

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.

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 _____

CREDENTIAL INFORMATION (Indicate License Requested).

Advance to Senior Professional Educator License

Advance to Lead Professional Educator License

(Teaching Licenses Only)

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

EFFECTIVE YEAR

The effective year for an Ohio license begins July 1, regardless of the date of issuance.
License to **begin on July 1**, _____.

REQUIREMENTS

REQUIREMENTS FOR SENIOR PROFESSIONAL EDUCATOR LICENSE	REQUIREMENTS FOR LEAD PROFESSIONAL EDUCATOR LICENSE
<p>Degree Requirement</p> <ul style="list-style-type: none"> Master's degree from an institution of higher education accredited by a regional accrediting organization 	<p>Degree Requirement</p> <ul style="list-style-type: none"> Master's degree from an institution of higher education accredited by a regional accrediting organization
<p>Experience Requirement</p> <ul style="list-style-type: none"> Nine years under a standard teaching license or certificate with 120 days of service each year as defined by ORC, of which at least five years are under a professional/permanent license certificate 	<p>Experience Requirement</p> <ul style="list-style-type: none"> Nine years under a standard teaching license or certificate with 120 days of service each year as defined by ORC, of which at least five years are under a professional/permanent license/certificate or a Senior Professional Educator License
<p>Demonstration of Practice at the Accomplished/Distinguished Level of Performance described in the Ohio Standards for the Teaching Profession *available on the Educator Standards Board's website at: http://esb.ode.state.oh.us</p> <ul style="list-style-type: none"> Successful Completion of the Master Teacher Portfolio 	<p>Demonstration of Practice at the Distinguished Level of Performance described in the Ohio Standards for the Teaching Profession *available on the Educator Standards Board's website at: http://esb.ode.state.oh.us</p> <ul style="list-style-type: none"> Hold active NBC (National Board Certification (NBPTS)); OR Earn the Teacher Leader Endorsement AND evidence successful completion of the Master Teacher Portfolio

EXPERIENCE

From/To	School District	City	Subjects Taught	Grades

SUPERINTENDENT SIGNATURE

I verify that the teaching experience listed by the applicant in the employment section above is true and correct.

Signature of Ohio School Superintendent

Date

School District _____ IRN #

MAIL TO ORGANIZATION OR INDIVIDUAL (Check only one box.)

Home School District School District Name _____ IRN #

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

Date

Print Name

GENERAL INSTRUCTIONS AND CODES**Advance to Senior Professional Educator License or Lead Professional Educator License**

PLEASE DO NOT STAPLE MATERIALS TOGETHER. Please use a blue or black ink to complete this application.

FEES: A check or money order for 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**). \$25 of the fee is non-refundable if eligibility requirements for the license are not met.

\$ 200 for the first teaching license or certificate type requested

\$ 20 for each additional teaching license or certificate type requested

LICENSE TYPES

To be used by individuals who are advancing 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

(71) EARLY CHILDHOOD (PK-3)

(72) EARLY CHILDHOOD INTERVENTION SPECIALIST (PK-3)

CERTIFICATE TYPES

To be used by individuals who are advancing a credential initially earned as a certificate

(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

(33) COMPREHENSIVE HIGH SCHOOL 7-12

Mail to:

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

SR/LEAD

Checklist

SENIOR Professional Educator License Submission Requirements - Teacher Checklist

1. Master's Degree - an official transcript showing the conferring of a master's degree must be submitted with the application unless it is already on file with the Office of Educator Licensure. This may be verified by calling the office at 614-466-3593.
2. Nine years of teaching experience under a standard teaching license with 120 days of service each year as defined by ORC, of which at least five years are under a professional/permanent license/certificate - please list in the TEACHING EXPERIENCE section on the license application form.
3. Successful completion of the Master Teacher Portfolio- submit Verification Form along with the application
4. Notify Local Professional Development Committee (LPDC) of intent to apply for the advanced license

LEAD Professional Educator Teaching License Submission Requirements - Teacher Checklist

1. Master's Degree - an official transcript showing the conferring of a master's degree must be submitted with the application unless it is already on file with the Office of Educator Licensure. This may be verified by calling the office at 614-466-3593.
2. Nine years under a standard teaching license with 120 days of service each year as defined by ORC, of which at least five years are under a professional/permanent license/certificate or a Senior Professional Educator License - please list in the TEACHING EXPERIENCE section on the license application form.
3. Submit a copy of current National Board Certificate

OR

 Hold a license that includes a Teacher Leader Endorsement AND
Submit Master Teacher Verification Form
4. Notify Local Professional Development Committee (LPDC) of intent to apply for the advanced license

