


# Initial Ohio License Application

OS

Use this application only if a licensure program has been completed **outside** the state of Ohio for an initial or to add a new area

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

Page 1 of 2

|   |   |
|---|---|
| <p><b>PERSONAL INFORMATION</b></p> <p>Educator ID or SSN _____ Birthdate _____</p> <p>Gender _____ Male _____ Female _____</p> <p>First Name _____</p> <p>Last Name _____ MI _____</p> <p>Address _____</p> <p>City _____ State _____</p> <p>Zip Code _____</p> <p>E-mail _____</p> <p>Home Phone _____ Cell Phone _____</p> <p>Other names which may appear on official documents (ex: maiden) _____</p> |  <p>Use this application for:</p> <p><b>Initial License<br/>or<br/>Adding a Teaching Field</b></p> <p>after completing a program of preparation at a college or university outside the state of Ohio</p> |
|---|---|

|  |
|--|
| <p style="text-align: right;"><b>Amount enclosed: \$ _____</b></p> |
|--|

**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 an 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](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.

**LEGAL QUESTIONS** Each Question **MUST** be answered by placing an **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?  |

*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

**Application status may be checked on the web site at: [www.ode.state.oh.us](http://www.ode.state.oh.us). Use the search option to access EDUCATOR PROFILE.**

|  |                 |            |       |   |            |  |  |   |  |  |  |  |  |  |  |  |  |
|--|-----------------|------------|-------|---|------------|--|--|---|--|--|--|--|--|--|--|--|--|
| <b>CREDENTIAL INFORMATION</b> - Indicate licens(s) or area(s) requested  |                 |            |       |   |            |  |  |   |  |  |  |  |  |  |  |  |  |
| Please read # 2 in the General Instructions of page 3 of this application before completing this section   |                 |            |       |   |            |  |  |   |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> <b>Initial Two-Year Provisional License</b><br><input type="checkbox"/> <b>Initial Five-Year Professional License</b><br><input type="checkbox"/> <b>Adding a Teaching Field to an Existing License</b> |                 |            |       |   |            |  |  |   |  |  |  |  |  |  |  |  |  |
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|  |                 |            |       |   |            |  |  |   |  |  |  |  |  |  |  |  |  |
| License types and teaching field codes may be found on page 4 of this application  |                 |            |       |   |            |  |  |   |  |  |  |  |  |  |  |  |  |
| <b>EFFECTIVE YEAR</b>  |                 |            |       |   |            |  |  |   |  |  |  |  |  |  |  |  |  |
| License to begin on July 1, _____ (Note: A license may be backdated only to July 1 of the current academic year)   |                 |            |       |   |            |  |  |   |  |  |  |  |  |  |  |  |  |
| <b>EDUCATION LEVEL</b>   |                 |            |       |   |            |  |  |   |  |  |  |  |  |  |  |  |  |
| Highest Degree Completed:    ___Associate    ___Bachelor    ___Master    ___Doctorate  |                 |            |       |   |            |  |  |   |  |  |  |  |  |  |  |  |  |
| College or University _____ State _____ Date _____   |                 |            |       |   |            |  |  |   |  |  |  |  |  |  |  |  |  |
| <b>EXPERIENCE</b>  |                 |            |       |   |            |  |  |   |  |  |  |  |  |  |  |  |  |
| From/To  | School District | City       | State | Positions Held/Subjects Taught  | Grades     |  |  |   |  |  |  |  |  |  |  |  |  |
|  |                 |            |       |   |            |  |  |   |  |  |  |  |  |  |  |  |  |
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|  |                 |            |       |   |            |  |  |   |  |  |  |  |  |  |  |  |  |
| <b>STUDENT TEACHING</b>  |                 |            |       |   |            |  |  |   |  |  |  |  |  |  |  |  |  |
| Have you completed student teaching?    ___ Yes    ___ No  |                 |            |       |   |            |  |  |   |  |  |  |  |  |  |  |  |  |
| Indicate the assignment and grade level _____  |                 |            |       |   |            |  |  |   |  |  |  |  |  |  |  |  |  |
| <b>OUT-OF-STATE LICENSE</b>  |                 |            |       |   |            |  |  |   |  |  |  |  |  |  |  |  |  |
| Indicate the state(s) in which you have held a license(s): _____   |                 |            |       |   |            |  |  |   |  |  |  |  |  |  |  |  |  |
| <b>NTE / PRAXIS II TESTS</b>   |                 |            |       |   |            |  |  |   |  |  |  |  |  |  |  |  |  |
| Indicate the NTE or Praxis II tests completed:   |                 |            |       |   |            |  |  |   |  |  |  |  |  |  |  |  |  |
| Test # _____   |                 | Date _____ |       |   |            |  |  |   |  |  |  |  |  |  |  |  |  |
| Test # _____   |                 | Date _____ |       |   |            |  |  |   |  |  |  |  |  |  |  |  |  |
| Test # _____   |                 | Date _____ |       |   |            |  |  |   |  |  |  |  |  |  |  |  |  |
| <b>APPLICANT SIGNATURE</b>   |                 |            |       |   |            |  |  |   |  |  |  |  |  |  |  |  |  |
| <i>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.</i>   |                 |            |       |   |            |  |  |   |  |  |  |  |  |  |  |  |  |
| Signature of Applicant _____   |                 |            |       |   | Date _____ |  |  |   |  |  |  |  |  |  |  |  |  |
| Print Name _____   |                 |            |       |   |            |  |  |   |  |  |  |  |  |  |  |  |  |

GENERAL INSTRUCTIONS PLEASE READ CAREFULLY

Use this application only if you have completed an approved licensure program outside the state of Ohio

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

1. If transcripts or any other materials must be mailed separately, enclose a note telling us specifically what items to expect and from where. Please include as many of the required items as possible with your application. Please do not staple documents to the application. Please use a pen.

2. CREDENTIAL INFORMATION (see page 4 for license code information)

2-Year Provisional Teaching License - apply for this license if you are requesting license type(s) 62, 63, 64, 65, 66, 71, or 72 and have less than three (3) years of teaching experience under a standard teaching certificate or license.

2-Year Provisional Principal License - apply for this license if you are requesting license type 73 and have less than three (3) years of experience as a principal under a standard certificate or license.

5-Year Professional License - apply for this license if you:

1) are requesting license type(s) 68, 74, 80, or 67 (5-year associate) OR

2) have three (3) years of teaching experience in another state under a standard certificate or license and are requesting license type(s) 62, 63, 64, 65, 66, 71, or 72; OR have three (3) years of experience as a principal in another state under a standard certificate or license and are requesting license type 73.

Pupil Services, School Counselor License (type 74, 270200)

Individuals who hold a School Counselor license from another state may apply for an Ohio 5-year professional license with official verification of either two years of teaching under a standard teaching license; or three years of experience as a school counselor under a standard school counselor license in another state. Individuals who do not meet the experience requirements may apply for a 2-year provisional license.

NOTE: Please use two separate forms if you are applying for both a 2-Year Provisional and a 5-Year Professional License.

3. APPLICATION INFORMATION:

Table with 2 columns: Fee description and Amount. Rows include Evaluation fee (non-refundable) = \$ 50.00, Application processing fees: 2-Year Provisional = \$ 80.00, 5-Year Professional = \$ 200.00, Adding a teaching field = \$ 20.00.

A. Applicants completing approved educator preparation programs outside of Ohio for an initial license or to add a new teaching field must pay a fee of \$50.00 for a credential evaluation in addition to the application processing fee. If you are applying for more than one license type in section C, there is a \$20.00 fee for each additional type requested. A check or money order, payable to Treasurer, State of Ohio, must be submitted with your application form (do not send cash).

B. The Educational Testing Service must send the applicable NTE/Praxis II score reports directly to the Office of Educator Licensure. Photocopies of NTE/Praxis II score reports are not acceptable. Ohio's recipient number is R7945. Applicants who began college coursework after July 1, 1987, or did not complete licensure requirements until after July 1, 1991, are required to successfully complete the applicable portions of the test as indicated for Ohio in the Praxis (NTE) bulletin. Please do not submit your application materials to this office until all necessary tests have been completed.

C. Official Transcripts (photocopies are NOT acceptable) of all coursework and degrees completed must be attached to the application.

D. Letter of Eligibility: If you do not hold for a license in the state where your teacher education program was completed you must provide an original letter from the head of teacher education at the college where you completed your licensure program stating the license(s) and teaching field(s) or area(s) for which you are eligible in that state.

E. Individuals applying for an Intervention Specialist license must submit a letter from the college indicating the population or area in which they completed student teaching

F. Applicants who worked under their standard license in another state should include original letters (not photocopies) verifying successful experience. The letter should be signed by the superintendent or head of personnel in the school district where the applicant was employed, and should specify dates of service, grade levels, and subjects taught or position held.

G. Applicants who have completed their teacher training outside the United States need to contact this office for additional information.

H. Pupil Services Licenses: Applicants for a pupil services license in the following areas shall submit a photocopy of a currently valid license issued by the respective Ohio licensure board: audiologist, social worker, school speech-language pathologist, nurse, occupational therapist, physical therapist, occupational therapy assistant, physical therapy assistant.

4. SIGNATURE OF APPLICANT - All applicants must sign page 1 and page 2 of this application form.

5. Applications may be mailed to: Ohio Department of Education, Office of Educator Licensure, 25 S. Front Street, Mail Stop 105, Columbus, Ohio 43215

**LICENSE TYPE AND TEACHING FIELD CODES**

**OS**  
Codes

**(62) MIDDLE CHILDHOOD (4-9)**

050150 Language Arts and  
Reading (4-9)  
110100 Mathematics (4-9)  
130102 Science (4-9)  
150003 Social Studies (4-9)

**(63) ADOLESCENCE TO YOUNG  
ADULT (7-12)**

050145 Integrated Language Arts  
110094 Integrated Mathematics  
150004 Integrated Social Studies  
132010 Integrated Science  
132020 Physical Science (Physics & Chem)  
132150 Physical Sciences: Chemistry  
132160 Physical Sciences: Physics  
132030 Life Sciences  
132034 Life Sciences/Earth Sciences  
132035 Life Sciences/Physics  
132036 Life Sciences/Chemistry  
132040 Earth Sciences  
132045 Earth Sciences/Physics  
132046 Earth Sciences/Chemistry

**(64) MULTI-AGE (PK-12)**

111780 Computer Information Science  
080302 Dance  
050338 Drama /Theater  
080115 Health  
050675 Library/Media  
060230 Modern Language-French  
060235 Modern Language-German  
060150 Classical Language-Greek  
060245 Modern Language-Italian  
060250 Modern Language-Japanese  
060107 Classical Language-Latin  
060625 Modern Language-Russian  
060265 Modern Language-Spanish  
120050 Music  
080305 Physical Education  
050250 TESOL (Teaching English to  
Speakers of Other Languages)  
020012 Visual Arts

**(65) INTERVENTION SPECIALIST**

196212 Gifted (K-12)  
196140 Mild/Moderate Needs (K-12)  
196142 Moderate/Intensive Needs (K-12)  
196109 Visually Impaired (PK-12)  
196116 Hearing Impaired (PK-12)

**(66) CAREER-TECHNICAL**

010100 Agriscience  
010101 Animal Production  
010104 Production Agriculture  
140550 Integrated Business  
160610 Technology Education  
040800 General Marketing Education  
090120 Family & Consumer Sciences

**(68) SUPERINTENDENT**

**(71) EARLY CHILDHOOD (PK-3)**

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

**(73) PRINCIPAL**

280100 Principal (grades PK-6)  
280200 Principal (grades 4-9)  
280300 Principal (grades 5-12)

**(74) PUPIL SERVICES**

270100 School Audiologist  
270200 School Counselor  
270300 School Social Worker  
270400 School Speech-Language Pathologist  
270700 School Psychologist  
270800 School Nurse  
270900 Orientation and Mobility Specialist  
270500 Occupational Therapist  
270600 Physical Therapist

**(80) ADMINISTRATIVE SPECIALIST**

281100 Educational Research  
281200 Educational Staff Personnel  
Administration  
281300 Curriculum, Instruction, and  
Professional Development  
281400 Pupil Services Administration  
281500 School-Community Relations  
281600 Vocational Education Admin.

**ENDORSEMENTS**

080505 Adapted Physical Education  
(limited to phys. ed. license)  
111770 Computer/Technology  
210100 Driver Education  
(limited to an adolescence to young adult  
or multi-age teacher license)  
196210 Gifted Intervention Specialist K-12  
050315 Literacy Specialist  
059902 Reading K-12  
180500 Bilingual  
180108 PreKindergarten  
196097 PreKindergarten Special Needs  
050275 TESOL (teaching English to Speakers of  
Other Languages)