

# Instructions for Completing a Four-Year Resident Educator License Application - In State

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Page 1 (applicants must use black or blue ink)

Please do not staple

## Initial Ohio License Application - In State

(For individuals who completed a program in Ohio)

LN

**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.) \_\_\_\_\_

**Ohio** Department of Education

Office of Educator Licensure  
 25 S. Front St., Mail Stop 105  
 Columbus, Ohio 43215-4182

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

Use this application for Initial License or Adding a Teaching Field after completing a program of preparation at an Ohio college/university.

New  
 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 \_\_\_\_\_

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July 2011

Complete all items in the top portion (write legibly).

Select, **New License**

Write check (or money order) amount here. The cost is \$160 for licensure in one area, and \$20 for each additional field.

FBI and BCI&I background checks within 365 days required for *First Ohio License*.

Mark YES or NO (Read Carefully)

If you answer YES to any question, paper-clip a typed explanation to this application. Indicate the year of conviction, the nature of the offense, and the court where the matter was heard.

**SIGN and DATE** at the bottom of the page.

**LN** Initial Ohio License - In-State  
 Application status may be checked on the website at [education.ohio.gov](http://education.ohio.gov). Use the search option to access Educator Profile.

**CREDENTIAL INFORMATION (Indicate License(s) or area(s) requested.)**

Please indicate the license type(s). You may use the code sheet on Page 4 to find your license TYPE codes. The teaching field and endorsement codes will be automatically entered by the Office of Educator Licensure.

Initial Four-Year Resident Educator License \$ 160  
 Initial Four-Year Resident Educator License for Individuals who hold a 2-year Provisional License \$ 160 (NOTE: College signature not required.)  
 Initial Five-Year Professional License \$ 200  
 Initial Five-Year Associate License \$ 100  
 Initial Two-Year Provisional School Counselor License (See #6 in the General Instructions) \$ 80  
 Adding a Teaching Field to an Existing License \$ 20  
 Correct effective year to \_\_\_\_\_ \$ 20

*License types and teaching field codes may be found on page 4 of this application.*

License Type  License Type   
 Teaching Field  Teaching Field   
 Teaching Field  Teaching Field

**EFFECTIVE YEAR**

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

**EDUCATION LEVEL**

Highest Degree Completed:  Associate  Bachelor  Master  Doctorate  
 College or University \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_

**EXPERIENCE**

From/To	School District	City	State	Positions Held/Subjects Taught	Grades

**SIGNATURE OF RECOMMENDING COLLEGE**

*I verify that the applicant has successfully completed the academic and experience requirements prescribed by the State Board of Education and the laws of Ohio.*

Signature of Ohio College or University Official \_\_\_\_\_ College/University Name and IRN # \_\_\_\_\_ Date \_\_\_\_\_

**MAIL TO ORGANIZATION (Mark only one.)**

Applicant's Address  
 Ohio College/University Name of Institution \_\_\_\_\_ IRN #   
 Ohio School/District Name of School/District \_\_\_\_\_ IRN #

**APPLICANT SIGNATURE**

*I verify 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 \_\_\_\_\_

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Initial Four-Year Resident Educator License

Refer to *Initial License Types and Teaching Field Codes* document

Enter the effective year

Bachelor or Master Degree and fill in Baldwin-Wallace College, OH and the graduation date (month/year)

For Baldwin-Wallace to complete

Mail to Baldwin-Wallace College IRN# 063586 B-W will make a copy of your license and send you the original document

**SIGN, DATE & Print Name**