

MINIMUM TEXAS VERIFICATION FOR CERTIFIED POSITIONS

(Name and Address)

Name _____ Date of Birth _____

State ID _____ Position _____

(Teacher, Sub Teacher, Educational AIDE, Sub Aide, Pupil Activity Coach or Aide(s))

Subject / Grade Level _____

Type of License/Permit Requested _____

Does the person currently hold the required license or permit?

____ Yes. If "Yes", attach a copy of the person's license or permit to this form.

What state of license _____

____ No. If "No", the person must meet or be paid until they are issued the appropriate license/permit.

Directions for valid teaching contract only:

1. Has the person filed an application for issuance of a license with the Ohio Department of Education?

____ Yes _____ No

2. Does the person hold a teacher's degree or higher? _____ Yes _____ No

If the answers to both questions above are "yes", the person can provide services as a teacher during the 120-day period of the person's valid employment and will be paid as a substitute teacher. If the person does not obtain the necessary license within the 120-month period, the person can no longer serve in a lead or pay position and can no longer be paid.

If the answer to either question is "no", the person must receive services as a teacher and cannot be paid.

PUPIL ACTIVITY PERMITS - Exemption DC 3627 apply to pupil activity permits. Any person in a position that requires a pupil activity permit must obtain the permit BEFORE the person begins providing services to the school. The person will not be paid for any time prior to obtaining a valid pupil activity permit.

Does the person currently hold a valid pupil activity permit? _____ Yes _____ No

SUPERVISORY CERTIFICATION

Through my signature below, I hereby certify that to the best of my knowledge the information provided on this form is true and accurate. Further, I certify that I, or my staff, have verified through the Ohio Department of Education's online educator profile tool that the person whose name is valid employment or has submitted to the Ohio Department of Education an application for the required license/permit.

Supervisor's Name _____ Signature _____ Date _____

EMPLOYER CERTIFICATION

Through my signature below, I hereby certify that I, or my staff, have reviewed this form, along with any attachments, and accept the information as provided. I acknowledge that it is my responsibility to ensure that fees to the appropriate state before the information provided is incomplete or inaccurate. I further acknowledge that I am responsible for paying the employee, when hired on this form, in accordance with Ohio law.

Employer Name _____ Signature _____ Date _____

Note: the Ohio Department of Education's online educator profile tool to verify license and application status can be found at: <https://empportal.ohio.gov/ohioed/Profile.aspx?ID=EducationSearch.aspx>