

LICENSURE STATUS VERIFICATION FOR CERTIFIED POSITIONS

(New and Renewal)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

State ID \_\_\_\_\_ Position \_\_\_\_\_

(Teacher, Sub Teacher, Educational Aide, Sub Aide, Pupil Activity Coach or Advisor)

Subject / Grade Level \_\_\_\_\_

Type of License/Permit Required \_\_\_\_\_

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

Valid Dates of License \_\_\_\_\_

\_\_\_ No. If "No", the person cannot work or be paid until they are issued the appropriate license/permit.

Exception for Initial 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 bachelor'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 first two months of the person's initial employment and will be paid as a substitute teacher. If the person does not obtain the necessary license within the two month period, the person can no longer work in a teaching position and can no longer be paid.

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

PUPIL ACTIVITY PERMITS - Exceptions DO NOT 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

SUPERINTENDENT 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 either holds a valid license/permit or has submitted to the Ohio Department of Education an application for the required license/permit.

Superintendent Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

TREASURER 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 return the form to the superintendent if I believe the information provided is incomplete or inaccurate. I further acknowledge that I am responsible for paying the employee, who is listed on this form, in accordance with Ohio law.

Treasurer 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://coreprodint.ode.state.oh.us/core2.3/ode.core.EducatorProfile\_UI/EducatorSearch.aspx