

Educational Aide or Student Monitor Permit Application

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 43215-4183

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

 Use this application for a **New or Renewal Educational Aide or Student Monitor Permit.**

Please check one:

 New **Renewal**
 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.

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

Il 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 _____

