

# Ohio Department of Developmental Disabilities

## County Board Certification Application

(Effective September 2014)

**Instructions: (Please, read carefully.)**

1. Complete a separate application for each certification requested. Failure to thoroughly complete application for and/or submit required supporting documents will result in return of the application to the applicant by email.
2. Submit the application to the Ohio Department of Developmental Disabilities (DODD), Attn: Provider Certification Unit by email to [Provider.Certification@DODD.Ohio.gov](mailto:Provider.Certification@DODD.Ohio.gov). Email is preferable, but you may also fax to 614-728-7836. Submit copies of corresponding official transcripts, grade reports, verifications of seminar completion, and verification of continuing professional development.

**A. Certification Area: (Select only One Area and One Application type)**

Area	Application Type			
<b>Investigative Agent</b>				
<input type="checkbox"/> Level One	<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal		
<input type="checkbox"/> Level Two	<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal		
<b>Superintendent</b>				
<input type="checkbox"/> Option One	<input type="checkbox"/> Initial	<input type="checkbox"/> First Renewal	<input type="checkbox"/> Subsequent Renewal	
<input type="checkbox"/> Option Two	<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal		
<b>Early Intervention</b>				
<input type="checkbox"/> Specialist	<input type="checkbox"/> Initial, 1 Year	<input type="checkbox"/> Initial, 5 Year	<input type="checkbox"/> Renewal, 1 year	<input type="checkbox"/> Renewal, 5 year
<input type="checkbox"/> Supervisor	<input type="checkbox"/> Initial, 5 Year	<input type="checkbox"/> Renewal, 5 Year		

**B. Applicant Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Other Names (i.e. maiden or other legal names): \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Have you resided outside of Ohio within the last five (5) years?  Yes\*  No  
 \*If yes, ensure that FBI report is sent to the certification authority directly from BCII.

**Current Employment**

Employer's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Work Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Current Position: \_\_\_\_\_

**Education:**

Highest Degree Obtained (Check only One.)  
 High School Diploma or GED High School: \_\_\_\_\_ Year Graduated: \_\_\_\_\_  
 Associate Degree  
 Bachelor Degree College/University: \_\_\_\_\_ Year Graduated: \_\_\_\_\_  
 Master Degree  
 Doctorate Degree

**Other Registrations/Certifications/Licenses Held:**

Type and Issuing Agency/State	Name on License (if other than name on application)	License Number	Issuance/Effective Date	Expiration Date:
_____	_____	_____	_____	_____

**C. Convictions/Adverse Actions:**

**Have you ever been convicted of any felony or misdemeanor (other than a minor traffic offense)?**

You must answer this question even if the record of your conviction(s) has been sealed or expunged by a court of law and regardless of whether or not the conviction appears on a criminal background check. If you answer "Yes", use a separate sheet of paper to provide a detailed personal account of the nature of the offense including the name of the conviction, the date, the location (i.e. city, county, and state), and an explanation leading to the conviction. If the conviction has been sealed or expunged, also provide detailed information regarding the sealing or expungement and attach a copy of the court journal entry.

Yes\*

No

**Have you ever had a registration, certification, or license (excluding a Driver's License) suspended or revoked?** (If you answer, "Yes", use a separate sheet of paper to explain. Include information regarding the particular registration/certification/license including issuing authority.)

Yes

No

\*Any BCII and/or FBI reports must be sent directly from BCII in London, Ohio to DODD.

**D. Required Notice:**

If the holder of or applicant for certification and/or the employing County Board of DD or Council of Government becomes aware that the holder of or applicant for registration is guilty of serious intemperate, immoral, or conduct unbecoming to his/her position, and/or is guilty of serious incompetence or negligence within the scope of her/his duties, and/or has been arrested, convicted, or pled guilty to any of the felony or misdemeanor offenses described in AR5123:2-2-02, he/she shall notify the certifying authority in writing within 72 hours.

**E. Applicant's Statement:**

I hereby attest (certify) that the information contained on this application is true to the best of my knowledge. I agree to complete the necessary seminars, college courses, and/or continuing professional development units required to receive initial certification or to renew an existing certification.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

**Reviewer Only:**

**Signature by the DODD Certification Specialist is required for issuance of certification for Superintendent, Early Intervention or Investigative Agent.**

Applicant has met the requirements of applicable work experience for the certification requested.

Applicant has successfully completed the required Orientation Program.

Applicant has met the requirements of applicable education/training for the certification requested.

*If the applicant answered "Yes" to the first question under C, the reviewer must check one of the following boxes:*

Applicant has completed a BCII criminal background check and does NOT have a criminal record that precludes issuance of certification.

Applicant has completed a BCII criminal background check and has met the rehabilitation standards.

\_\_\_\_\_  
Signature of Certification Authority

\_\_\_\_\_  
Date Signed