Ohio Department of Developmental Disabilities

Application for Registration and Certification

(Effective July 2012)

Instructions: (Please read carefully.)

1. Complete a separate application form for each certification or registration requested. Failure to thoroughly complete application form and/or submit required supporting documents will result in return of the application to the applicant.
2. Submit official transcripts, original grade reports, original verifications of seminar completion, and original verifications of continuing professional development, as applicable.
3. Include a non-refundable money order or check for the appropriate application fee, payable to: **Treasurer, State of Ohio**. (A fee schedule is attached for your convenience.) Failure to submit appropriate fee will result in return of the application to the applicant.
4. Mail the completed application form and supporting documents to: **Ohio Department of Developmental Disabilities, Division of Fiscal Administration, Accounts Receivable, 30 East Broad Street, 13th Floor, Columbus, Ohio 43215.**

A. Applicant Information:

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: _____ SSN: _____ Home Phone: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Employer's Name: _____ Work Phone: _____

Work Address: _____ City: _____ State: _____ Zip Code: _____

Renewal of Multiple Credentials: ☐ Yes ☐ No Amount of Money Order/Check Enclosed: _____

B. Registration/Certification Type: (Check one.)

- ☐ Adult Services Registration (4)
- ☐ Adult Services Certification (2)
- ☐ Early Intervention Registration or Certification (3)
- ☐ Investigative Agent Certification (5)
- ☐ Service and Support Administration (SSA) Registration or Certification (6)
- ☐ Superintendent or Assistant Superintendent Certification (1)

C. Registration/Certification Validation Area: (Check one.)

- ☐ Adult Services (A)
- ☐ Early Intervention (X)
- ☐ Investigative Agent (I)
- ☐ Service and Support Administration (R)
- ☐ Superintendent (S)
- ☐ Assistant Superintendent (T)

D. Registration/Certification Level: (Check one.)

Adult Services
- ☐ Registered Service (0)
- ☐ Management 1 (2)
- ☐ Specialist (6)
- ☐ Management 2 (3)
- ☐ Management 3 (4)

Early Intervention
- ☐ Program Asst (5)
- ☐ Specialist (6)
- ☐ Supervisor (7)

Investigative Agent
- ☐ Investigative Agent (8)

Service and Support Admin
- ☐ Registered Service (0)
- ☐ Specialist 1 (A)
- ☐ Specialist 2 (B)
- ☐ Management 2 (3)
- ☐ Management 3 (4)

Supt or Asst Supt
- ☐ Superintendent
- ☐ Asst Supt (X)

E. Registration/Certification Grade: (Check one.)

- ☐ Substitute (0)
- ☐ Temporary (1)
- ☐ Special Temporary (6)
- ☐ Special Provisional (4)
- ☐ Provisional (2)
- ☐ Professional (3)
- ☐ Level 1(16)
- ☐ Level 2(17) (New for IA Cert)

F. Registration/Certification Status: (Check one.)

☐ Initial (0) ☐ Renewal (1)

G. Highest Degree Attained: (Check one and provide related information.)

- ☐ High School Diploma or GED
- ☐ Associate Degree
- ☐ Bachelor Degree
- ☐ Master Degree
- ☐ Doctorate Degree

High School: _____ Year Graduated: _____

College/University: _____ Year Graduated: _____

(Please turn over.)

H. Current Employment:

Your position, if currently employed: _____

I. Other Registrations/Certifications/Licenses Held:

Type and Issuing Agency/State	Number	Effective Dates

J. Other Name(s) Under Which You Have Held Registrations/Certifications/Licenses:

Other Name(s)

K. 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 description 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 of the event leading to the conviction. If the conviction has been sealed or expunged, also provide detailed information regarding the sealing or expungement. Attach a copy of the criminal background check from the Ohio Bureau of Criminal Identification and Investigation (BCII). In addition, if you have lived outside of the state of Ohio during the past five years, attach a copy of the criminal background check from the Federal Bureau of Investigation.

☐ 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.

☐ Yes ☐ No

L. Required Notice:

If the holder of or applicant for registration or certification and/or the employing county board of MRDD or council of government becomes aware that the holder of or applicant for registration or certification is guilty of serious intemperate, immoral, or conduct unbecoming to her/his position, and/or is guilty of serious incompetence or negligence within the scope of her/his duties, and/or has been convicted of or pleaded guilty to any of the felony or misdemeanor offenses described in Section 5126.28 of the *Ohio Revised Code*, he/she shall notify the Office of Staff Development and Certification in writing within 72 hours.

M. 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 registration or certification or to renew existing registration or certification.

_____ Signature of Applicant

_____ Date Signed

N. Superintendent's Authorization/Verification: (Check all that apply.)

Signature by the Superintendent of the employing county board of DD is required for issuance of registration or certification to an employee of the county board, verification of the employee's applicable work experience, and the employee's completion of the Orientation Program.

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

☐ Applicant has successfully completed the required Orientation Program.

☐ Applicant is requesting Substitute Grade registration or certification and is working less than 1,040 hours per calendar year.

☐ Applicant is renewing Substitute Grade or Temporary Grade registration or certification and has completed appropriate training.

If applicant answered "Yes" to the first question in Section K, the Superintendent 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 registration or certification as defined in Section 5126.28 of the *Ohio Revised Code*.

☐ Applicant has completed a BCII criminal background check and has met the rehabilitation standards as defined in Section 5123:2-1-05 of the *Ohio Administrative Code*.

_____ Signature of Superintendent

_____ Date Signed