	Educational Aide and Student Monitor Permit App	lication				
	This application has two pages to be completed. Please fill in, print and	sign. Page 1 of 2 AI				
Personal Inform	ation					
Educator ID o	SSN - Birthdate Male Female O	Ohio Department of Education				
First Name	Middle Initial	Use this application for				
Last Name		Educational Aide and				
Address		Student Monitor Permits				
City	State					
Zip Code		New and Renewal				
E-mail						
Home Phone	Cell Phone	Mail application and fee to: Office of Educator Licensure				
Other names which r	nay appear on official documents (e.g. maiden)	25 South Front Street, Mail Stop 105 Columbus, OH 43215				
<u> </u>						
		Amount Enclosed \$				
check report, complet RENEWALS AND ADDIT Have you lived c	Ibmits an application for their very first license, certificate or permit issued by the Ohio Department ed within 365 days of the date the application is received, must be on file at ODE . IONAL LICENSES, CERTIFICATES OR PERMITS IDMILIONING IN THE PAST 5 YEARS? You must check one.					
An EBI backg	round check is required if the report on file with ODE is more Both the BCI and FBI backg	round checks are required if the reports on file				
than 5 years o		years old on the date the application is				
Bureau of Criminal Inv send the results to the Reason Fi X Sen Please do not use the	of Education is not able to accept paper reports. All background check reports must be submitted to this office estigation. When you have your fingerprints taken at a WebCheck facility please ask the person taking the prints e Ohio Department of Education per example below: ngerprinted d to the Ohio Department of Education Department of Education address in the 'mail to' section because the department is not able to utilize paper rep on how to complete this electronic process, please visit: <u>http://www.ohioattorneygeneral.gov/Services/Business</u>	to check the box under 'Reason Fingerprinted' to				
LEGAL QUESTIO	NS Each question MUST be answered by checking the appropriate box.					
	any question, attach an explanation to this application. ar of conviction , the nature of the offense , and the court where the matter was heard.					
HAVE YOU EV	ER					
	O Been convicted of, found guilty of, pled guilty to , or pled no contest to any mise	demeanor other than a traffic offense?				
	NO Been convicted of, found guilty of, pled guilty to , or pled no contest to any felony?					
	NO Had a criminal conviction sealed or expunged?					
	NO Had ANY professional certificate, license, or permit, or an application for same, revoked, suspended, limited or denied?					
	O Surrendered ANY certificate, license or permit, other than a driver's license?					
l certify under penal	y of loss of my right to work in the schools of Ohio that the answers to these five questions are true and	correct in every respect.				
Signature		Date				

		Education	al Aide, Student Mor	nitor, and Ai	de Technolo	gist					
							Page 2 of 2	AI			
Credential	Informati	ion - Indicate Permit Request					1 490 2 01 2				
O New		Renewal									
	1-Yea	r Educational Aide		\$ 25							
Ì	One-year educational aide permits, new and renewal, may be issued at the request of an employing school district to individuals who hold a high school diploma or the equivalent.										
4-Year Educational Aide \$100											
		Four-year educational aide permits may be issued to individuals who hold a high school diploma or the equivalent, and who has successfully performed their duties for a minimum of two years under one-year aide permits.									
Γ	Additi	Addition of the ESEA Qualified designation \$ 20									
	The to	The term 'ESEA Qualified" may be added to the educational aide permit for individuals who have successfully completed one of the follo						criteria:			
		 The examination for paraprofessionals prescribed by the State Board of Education (ParaPro) I am applying to the "ESEA Qualified" designation based on having passed the ParaPro, and I have requested the score for this test to be reported directly to the Ohio Department of Education by the Educational Testing Service. (The Ohio Department of Education's reporting code is R7945). We will not accept paper copies. 									
 2. An associate degree (or higher) from an accredited institution of higher education; or at least 2 years of study at an accredited institution of higher education (defined as 48 semester hours or 72 quarter hours). I am applying for the "ESEA Qualified" designation based on the college coursework or degree, and I have submitted official transcripts (no photcopies) with this application. 											
0) 1-Year	r Student Monitor		\$ 25							
0	🔿 4-Year	r Aide Technologist (renev	wal only)	\$ 100							
0	Duplic	Duplicate \$ 20									
(Correc	tion		\$ 20							
	Ple	ease specify the correction requ	uested (name change, etc.).								
EFFECTIVE	YEAR										
The effective ye	ear for an Oh	nio license begins July 1, regardl	ess of the date of issuance.	When renewin	g, you may apply	/ after January 1 of the	e year the permit expires.				
		Permit to	o begin on July 1,								
MAIL TO OF	RGANIZA	TION (All permits are mailed	l to the employing Ohio sch	nool/district.)							
School	District				IRN #						
SUPERINTE	ļ										
		nit for the individual named on th	is application								
mercoyre	.quest a pern		is application.								
Signati	ure of Ohio 9	School Superintendent		School Disti	rict		Date				
APPLICANT							butt				
		ne loss of my right to work in the sc	chools of Ohio that the inform	mation provided	on this page of th	ne application is true ar	nd correct in every respect.				
Signature						Date					
Print Name											
	nclose a mo	ney order or personal check pay	/able to " Treasurer, State (of Ohio" for eac	h application. D	O NOT SEND CASH.					
(\$25 of	the processi	ng fee is non-refundable if eligik	oility requirements for the l	icense are not r	net.)						
		to add ESEA Qualified is a one-ti	ine iee. Once ESEA is adde	u it will be print	ed on every rene	ewai without an addit					
CHECKLIST H		dent's signature Completed	each section on page 1 and	المصنعة المرد (مر	and name a	Poguartad ala-	onic submission of the DCL-	and EPI			
	·		each section on page 1 and page			if applicable	onic submission of the BCI a	F			
Attached a	check or mone	ey order Included off	icial transcripts for ESEA, if app	licableRe	quested electronic	submission of the ParaP	ro scores, if applicable	01/10			