

Ohio Department of Developmental Disabilities

County Board Certification Application

(Effective August 2016)

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. 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			
Investigative Agent				
<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		
Superintendent				
<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		
Early Intervention				
<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, an FBI background check is required and it must be sent to DODD 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

Please review the attached addendum. 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 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

_____)

(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

D. Required Notice:

If the holder of or applicant for certification becomes aware that the holder of or applicant for certification has engaged in an immoral act, incompetence, negligence or conduct that is unbecoming to the applicant's or holder's position or has entered a plea of guilty to or been convicted of the offenses described in Ohio Administrative Code 5123:2-2-02, he/she shall notify DODD, Attn: Provider Certification Unit, 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.

Other _____

Signature of Certification Authority

Date Signed