

Questions in Anticipation of Licensure Form

Kent State University College of Education, Health, and Human Services

In order to apply for educator or counselor license (e.g. teaching, administrative, nursing home administration or pupil services) in the State of Ohio, an applicant will be required to answer yes or no to the following legal questions at the time of licensure application.

Note: DO NOT ANSWER THESE QUESTIONS AT THIS TIME. You will be required to answer the following questions when you apply for licensure.

1. Have you ever been convicted of, found guilty of, pled guilty to, or pled no contest to any misdemeanor other than a traffic offense?
 2. Have you ever been convicted of, found guilty of, pled guilty to, or pled no contest to any felony?
 3. Have you ever had a criminal conviction sealed or expunged?
 4. Have you ever had any professional certificate, license, permit, or an application for the same, revoked, suspended, limited or denied?
 5. Have you ever surrendered any certificate, license or permit, other than a driver's license?
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If at the time of licensure application, you answer yes to any question listed above, you will be requested to attach an explanation to the **licensure application**, to include the year of conviction, the nature of the offense, and the court where the matter was heard.

Please contact the Office of Professional Conduct at the Ohio Department of Education with any questions at (614)466-5638.

***Note: Applicants for the Clinical Mental Health Counseling, Nursing Home Administration or School Counseling program:** If your answer to any of the questions listed above is **YES**, your application for liability insurance, internship, and/or professional licensure may be denied. It is important to note that an inability to obtain professional liability insurance or an internship would stop your completion of the program. Please contact the Counseling Master's Programs Coordinator at 330-672-2662 or NHA Program Coordinator.

ACKNOWLEDGEMENT

By signing this document, you acknowledge that you have read and understand this information.

Signature of Applicant

PRINT Full Name

Date