OHIO COMMITTEE OF PRACTITIONERS

Nomination Form

The State of Ohio is an equal opportunity employer and will not use any of the information you provide to discriminate against you on the basis of race, color, religion, gender, gender identity or expression, national origin (ancestry), military and veteran status, disability, age, status as a parent during pregnancy or immediately after the birth of a child, status as a parent of a young child, status as a nursing mother, status as a foster parent, genetic information or sexual orientation. If you need more space to answer any questions or explain any of your answers, please add pages. This information MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate.

COMMITTEE OF PRACTITIONERS DESCRIPTION

The Committee of Practitioners is authorized under the Elementary and Secondary Education Act (ESEA) as reauthorized by the Every Student Succeeds Act, Section 1603. The committee provides consultation and advises the Ohio Department of Education in the review of proposed or final state rules or regulations regarding the administration and implementation of Title I of ESEA. The Department will select the majority of the committee members from local educational agencies. The members will serve four-year terms. The committee will convene on an as-needed basis.

APPLICATION SUBMISSION DEADLINE

The deadline for nominations is Friday, September 1, 2023. Nominations must be submitted electronically to ESEA@education.ohio.gov. Questions regarding the committee may be directed to jeremy.marks@education.ohio.gov or 614-466-4161.

NOMINATION FOR COMMITTEE OF PRACTITIONERS POSITION

Please select the position you hold:

- ◯ Teacher in a Traditional Public School
- ◯ Parent
- ◯ Teacher in a Charter/Community School
- ◯ Private School Children Representative
- ◯ Teacher in a Career Technical School
- ◯ Administrator
- ◯ Local Education Agency Representative
- ◯ Specialized Instructional Support Personnel and Paraprofessionals
- ◯ Superintendent, Principal or Other School Leader
- ◯ Charter School Leader
- ◯ Local School Board Member
- ◯ Representative from Authorized Public Chartering Agency
- ◯ Other (please explain): _____

How long have you served in this position? _____

NOMINEE INFORMATION

Full Name:_____

Residence Address:_____

City: _____State: _____ Zip Code:_____

County of Residence: _____ Length of Residence in Ohio: _____

Phone Numbers (Home):_____(Cell):_____(Work):_____

Current Employer:_____

Work Address City:_____State:_____ Zip Code:_____

Gender (optional): _____Ethnicity/Race (optional):_____

EDUCATION/TRAINING

Please check your highest level of education:

☐ High School ☐ Associates ☐ Bachelors ☐ Bachelors, plus graduate coursework

☐ Masters ☐ Ed.D. ☐ Ph.D.

School Name (College/University):_____Location (City/State): _____

Did you graduate? ◯ YES ◯ NO Check Year Completed: 0

Major: _____

School Name (College/University):_____Location (City/State): _____

Did you graduate? ◯ YES ◯ NO Check Year Completed: 0

Major: _____

School Name (College/University):_____Location (City/State): _____

Did you graduate? ◯ YES ◯ NO Check Year Completed: 0

Major: _____

School Name (College/University):_____Location (City/State): _____

Did you graduate? ◯ YES ◯ NO Check Year Completed: 0

Major: _____

What current educator certificates or licenses do you hold? (Please list all.)_____

_____

_____

MEMBER ASSOCIATIONS AND ORGANIZATIONS

As it relates to the position you selected on page 1, please mark any associations or organizations in which you are currently a member:

- ☐ Ohio Association of Administrators of State and Federal Education Programs
- ☐ Ohio Education Association
- ☐ Ohio Federation of Teachers
- ☐ Ohio Association of Elementary School Administrators
- ☐ Ohio Association of Secondary School Administrators
- ☐ Ohio Association of Pupil Services Administrators
- ☐ Ohio Parent Teacher Association
- ☐ Ohio Association of Charter School Authorizers
- ☐ Buckeye Association of School Administrators
- ☐ Organizations or associations representing nonpublic schools (list out)
- ☐ Ohio Association of School Business Officials
- ☐ Ohio School Boards Association
- ☐ Ohio Association for Career and Technical
- ☐ Other (please list all) _____

EDUCATION EXPERIENCE

What do you see as a major issue facing schools today?

How many years of teaching and school leadership experience do you have?

What grade level(s) are you currently teaching, leading or supporting?

If you are a teacher, what courses do you currently teach?

Select the option that best describes your current

- ◯ District: Urban
- ◯ Suburban
- ◯ Rural

Please indicate if you have experience in the following areas. If you mark "YES," please describe in further detail below.

- Experience planning and delivering professional development.
  ◯ YES ◯ NO
- Experience writing curriculum or academic content standards.
  ◯ YES ◯ NO
- Experience in the development Group1of education policy (at the district, state or county levels).
  ◯ YES ◯ NO
- Experience with state and local fiscal accounting requirements.
  ◯ YES ◯ NO

APPOINTMENT INFORMATION

Do you currently serve on a gubernatorial or State Board of Education board, committee or commission? If yes, please identify.

◯ YES ◯ NO

Are you seeking a reappointment?

◯ YES ◯ NO

Given your understanding of the work the board will be doing, please describe how your experiences and expertise, including related activities, will contribute to the work of the Committee. (*Please limit your response to approximately 200 words or less.)*

Please indicate your availability to attend meetings and the days you will be available. There is a significant time commitment associated with serving on the Committee.

☐ Yes, I am available to attend meetings.

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Saturday ☐ Sunday

BACKGROUND INFORMATION

Are you now under any charge or charges for any crime? If yes, please identify.
◯ YES ◯ NO

Have you ever, as an adult, been charged with any crime or arrested for any crime (regardless of whether you were convicted or acquitted) excluding minor traffic offenses? If yes, please identify.
◯ YES ◯ NO

Has any civil litigation or garnishment action ever been filed against you? If yes, please identify.
◯ YES ◯ NO

Have you ever failed to pay any government-insured debt or any debt owed to a government entity? If yes, please identify.
◯ YES ◯ NO

Have you ever been denied a license for a business, trade or profession that required proof of good character or examination or had that license revoked or suspended or been disciplined with respect to that license? If yes, please explain.
◯ YES ◯ NO

Are all of your federal, state and local taxes current? If no, please explain.
◯ YES ◯ NO

Have you ever received income as a lobbyist or "legislative agent" as defined in the Ohio Revised Code section 101.70 or "executive agency lobbyist" as defined in ORC 121.60 for work related to the Ohio General Assembly, any Ohio elected officer or any agency or entity of the executive branch of Ohio state government? If yes, please identify the entity receiving the income.
◯ YES ◯ NO

Are you a United States citizen? If no, please state immigration status.
◯ YES ◯ NO

Do you have, or have you had, any personal, financial or business interest or dealings that might present a conflict of interest with your proposed state appointment? If yes, please identify.
◯ YES ◯ NO

My supervisor supports my nomination to the Committee and will provide me with release time as needed to meet the obligations of serving on the Committee.
◯ YES ◯ NO

For purposes of data reporting only, have you ever been a member of the armed forces of the United States, its reserve components or the National Guard? If yes, please state branch, service period and last rank.
◯ YES ◯ NO

SIGNATURE

If appointed to the Committee of Practitioners, I will faithfully comply with the applicable laws and regulations governing the duties of this Committee and to act in accordance with the laws of Ohio, including the Ohio Ethics Law (Chapter 102 of the Ohio Revised Code).

I,_____, certify that all of the answers and statements on this form are true, complete and correct to the best of my knowledge and recollection and are made in good faith and understand that this is a public record under Ohio law.

_____
Signature of Applicant

_____
Date

Thank you for completing this nomination form to serve on the Committee of Practitioners. The information you provide will assist the Department with appointing Committee members. We appreciate your efforts toward the success of this group.