Ohio Committee of Practitioners Nomination Form

Updated 2025

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, sex, national origin, handicap, age or ancestry. 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.

COMMITTEE OF PRACTITIONERS DESCRIPTION

The Committee of Practitioners is authorized under Section 1603 of the Elementary and Secondary Education Act of 1965 (ESEA), as reauthorized by the Every Student Succeeds Act[1] (codified at 20 U.S.C. § 6573). The committee provides consultation and advises the Ohio Department of Education and Workforce in the review of proposed or final state rules or regulations regarding the administration and implementation of Title I of the ESEA. The membership of the committee must consist of a majority of representatives from local educational agencies. All members serve four-year terms. The committee convenes on an as-needed basis, as determined by the Department. Committee members should generally expect to meet at least three times per year with ad hoc meetings as necessary.

APPLICATION SUBMISSION DEADLINE

The deadline for nominations is **Friday, September 12, 2025**. Nominations must be submitted electronically to federalprograms@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 any position(s) you hold:

- ☐ Teacher in a Traditional Public School
- ☐ Teacher in a Charter (Community) School
- ☐ Career and Technical Educator
- ☐ Local Educational Agency Representative
- ☐ Principal or Other School Leader
- ☐ Local School Board Member
- ☐ Parent
- ☐ Private School Children Representative
- ☐ Administrator
- ☐ Specialized Instructional Support Personnel and Paraprofessionals
- ☐ Charter School Leader
- ☐ Representative of Authorized Public Chartering Agency
- ☐ Other (Please Explain): _____

Please list length of service/years in the position(s):

[1] Throughout this document, citations to the ESEA refer to the ESEA, as amended by the ESSA.

NOMINEE INFORMATION

Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

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

Primary Phone Number: _____

Email Address: _____

Current Employer: _____

Employer City: _____ State: _____ Zip Code:

EDUCATION/TRAINING

Please check your highest level of education completed:

☐High School Diploma or High School Equivalency (e.g., GED) ☐Associate Degree ☐Bachelor's Degree
☐Bachelor's Degree, Plus Graduate Coursework ☐Master's Degree☐Ed.D. ☐Ph.D.

School Name (College/University):_____

Location (City/State):_____ Major: _____

Did you graduate? ☐ Yes ☐ No Check Year Completed: ☐1 ☐2 ☐3 ☐4 ☐5 ☐6

School Name (College/University):_____

Location (City/State):_____ Major: _____

Did you graduate? ☐ Yes ☐ No Check Year Completed: ☐1 ☐2 ☐3 ☐4 ☐5 ☐6

School Name (College/University):_____

Location (City/State):_____ Major: _____

Did you graduate? ☐ Yes ☐ No Check Year Completed: ☐1 ☐2 ☐3 ☐4 ☐5 ☐6

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

MEMBER ASSOCIATIONS AND ORGANIZATIONS

Please disclose whether you are currently a member of any of the following associations or organizations:

- ☐ 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
- ☐ Ohio Association of School Business Officials
- ☐ Ohio School Boards Association
- ☐ Ohio Association for Career and Technical Education
- ☐ Organizations or associations representing nonpublic schools (please list)_____
- ☐ Other (please list all)_____

EDUCATION EXPERIENCE

1. How many years of teaching and/or school leadership experience do you have?
2. What grade level(s) are you currently teaching, leading, or supporting? _____
3. If you are a teacher, what courses do you currently teach?_____
4. Select the option that best describes your current district or school: ☐ Urban ☐ Suburban ☐ Rural
5. Please indicate if you have experience in the following areas. If you mark "Yes," please describe in further detail below:
    a. Experience planning and delivering professional development. ☐ Yes ☐ No
    b. Experience writing curriculum or academic content standards. ☐ Yes ☐ No
    c. Experience in the development of education policy (at the school, district, state or county levels). ☐ Yes ☐ No
    d. Experience with state and local fiscal accounting requirements. ☐ Yes ☐ No

APPOINTMENT INFORMATION

Have you served on the Committee of Practitioners previously and is your application related to a reappointment request due to term expiration? ☐ Yes ☐ No

Please explain why you would like to be a member of the Committee of Practitioners (Please limit your response to 200 words or less)

If you were selected to be on the Committee, what are your main areas of focus and educational concerns? (Please limit your response to 200 words or less)

Please describe how you would contribute to the Committee (Please limit your response to 200 words or less)

Do you currently serve on a gubernatorial or Department of Education and Workforce board, committee, or commission? If yes, please identify. ☐ Yes ☐ No

Please indicate your availability to attend Committee of Practitioners meetings and the days you will be available. The committee meets annually three times a year with the potential for additional meetings depending on circumstances. The meetings will be held at Department headquarters in Columbus and typically are half-day (i.e. 9 am to 1 pm). The Department will reimburse members only for mileage expenses incurred during the day of the meeting.

☐ Yes, I am available to attend meetings.

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

BACKGROUND INFORMATION:

1. 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

2. 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

3. Do you have any personal, financial, or business interests or dealings that could present a potential conflict of interest with serving on the Committee of Practitioners? If yes, please explain. ☐ Yes ☐ No

SIGNATURE

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

I,_____, certify that all of the information provided herein is true, accurate, and complete to the best of my knowledge. I acknowledge and understand that this form and the information submitted will be matters of public record and subject to public disclosure under the Ohio Public Records Act.

_____

Signature of Applicant

_____

Date

Thank you for applying to serve on the Committee of Practitioners.