COLLEGE OF HEALTH, EDUCATION & HUMAN SERVICES APPLICATION FOR Intervention Specialist, Mild to Moderate (M.Ed./Licensure)

Name:		UID:				
WSU Email:		Phone:				
Street		City:				
Address:						
State:		Zip:				
I WISH TO BE CONSIDERED FOR ADMISSION BY SIGNING BELOW:						
Signature:			Date:			

DELIVER THIS APPLICATION FORM IN PERSON, BY MAIL, EMAIL, OR FAX TO:

Department of Teacher Education, ATTN Kim Hudson Wright State University 425 Millett Hall, 3640 Col. Glenn Hwy Dayton OH 45435-0001

Email ted5@wright.edu Fax 937.775.2099

Program Admission Requirements:

- Bachelor's degree from an accredited institution
- 3.0 cumulative minimum undergraduate GPA OR 2.6 cumulative minimum undergraduate GPA and GRE or MAT score in the 50th percentile or better
 - (Until further notice, GRE and MAT scores will not be required for those who have a cumulative GPA between 2.6 and 2.9)
- Dispositional Assessment: Candidate Disposition Inventory (CDI)
- Submit a clear FBI and BCI criminal background check

FBI/BCI Questions Guide

1.	What type of background check do you require:
	BCI&I (Ohio)
	FBI
	X BFBI (Ohio BCI&I & FBI) FYI: Choose this if you are applying for the Intervention Specialist Program

Note: If you are confused about what you need to get, call our office at 775-4585 or email TED5@wright.edu

2. Where are results being sent?

Use the address below for your application to the Graduate Intervention Specialist program:

Wright State University, CHEH, Attn: Teacher Education Department, Kim Hudson 3640 Colonel Glenn Highway 425 Millett Hall
Dayton OH 45435

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3. What are the reasons for the background check? (Choose from list)

Copy the below phrases on to OPFE's form – use complete phrase, not the reason code

BCI: School Employees – Teachers Only

FBI: Public School District or Chartered Non Public School

*If you are not using OPFE and are asked for a BCI reason code, use the code: 3319.39B3

For answers to frequently asked questions regarding the BCI or how to obtain another copy of previous results, please click on the following link: http://www.ohioattorneygeneral.gov/FAQ/Background-Check-FAQs.aspx

References						
Please provide the name and contact information for three professional references.						
Reference #1						
Email:						
Phone:						
Relationship:						
Reference #2						
Email:						
Phone:						
Relationship						
Reference #3						
Email:						
Phone:						
Relationship:						
Statement of Good Moral Character The state of Ohio requires that all individuals completing a state approved teacher preparation program to be of "Good Moral Character". This is defined in section 3301:21-01 of the Administrative Code of Ohio. Your signature below indicates that you are aware of this licensure requirement. Enrollment without disclosing this information to the college does not obligate the college to recommend you for licensure.						
Have you have eve	r?:					
1. Been convicted of traffic offense?	□ Yes □ No					
2. Been convicted of	□ Yes					
		□ No				
3. Had a criminal conviction sealed or expunged? ☐ Yes						
		□ No				
4. Had a teaching credential limited, suspended, or revoked? ☐ Yes						
		□ No				

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5. Had a teaching credential (license or permit) revoked?	☐ Yes
	□ No
If you answer "yes" to any of the above statements, please attach date and note your UID on the attachment.	an explanation to this application. Sign,
As an applicant for one of the Teacher Education Department's Education that the department will conduct an official student records check, check will be used as part of the application review process. Information for student conduct decisions, behavioral issues, actions, required by our accrediting body, the Ohio Department of Education with Prekindergarten through Grade 12 minor students. Applicants disclosure of information from other institutions as a condition of the admission (or admission may be rescinded) if a student elects not	Information received from the records mation from the records check will be etc. that may not align with the attributes, on, etc., of teachers who will be working may be required to sign a release for the heir admission. An applicant may be denied
Print Name:	UID
Signature:	Date