

Southern Ohio Council of Governments
Evaluation for Service and Support Administrator Certification
(OAC 5123: 2-5-02 – effective 4/1/2017)

Last Name: _____ First Name: _____ Middle Name: _____ SSN: _____

Initial (Duration = 5 years)	First Renewal (Duration = 5 years)	Subsequent Renewals (Duration = 5 years)
<p>Met <input type="checkbox"/> Not Met <input type="checkbox"/></p> <p>Has one of the following from an accredited college/university:</p> <p><input type="checkbox"/> associate's degree*</p> <p><input type="checkbox"/> bachelor's degree</p> <p><input type="checkbox"/> graduate-level degree</p> <p>*shall be a conditional status service and support administrator (SSA) and shall perform the duties of an SSA only under the supervision of a management employee who is a service and support administration supervisor.</p>	<p>Met <input type="checkbox"/> Not Met <input type="checkbox"/></p> <p>Has one of the following from an accredited college/university:</p> <p><input type="checkbox"/> associate's degree*</p> <p><input type="checkbox"/> bachelor's degree</p> <p><input type="checkbox"/> graduate-level degree</p> <p>Met <input type="checkbox"/> Not Met <input type="checkbox"/></p> <p>Within 90 days as an SSA, successfully completed, or provided evidence of having successfully completed, an orientation program of at least 8 hours as defined in OAC 5123: 2-5-02 (C)(1)(b).</p> <p>Met <input type="checkbox"/> Not Met <input type="checkbox"/></p> <p>No later than one year after hire, successfully completed department-provided web-based training as defined in OAC 5123:2-5-02 (C)(1)(c).</p> <p>Met <input type="checkbox"/> Not Met <input type="checkbox"/></p> <p>No later than one year after hire as an SSA (other than those who have at least one year of experience as an SSA at the point of hire), successfully completed training specific to the provision of service and support administration included in, but not limited to, OAC 5123:2-5-02 (C)(1)(d).</p> <p>Met <input type="checkbox"/> Not Met <input type="checkbox"/></p> <p>During the period of initial SSA certification, successfully completed at least 60 hours of continuing professional education. Training described in OAC 5123:2-5-02 (C)(1)(b), (C)(1)(c), (C)(1)(d) and (D) may be counted toward the 60 hours.</p>	<p>Met <input type="checkbox"/> Not Met <input type="checkbox"/></p> <p>Successfully met requirements of previous certification period.</p> <p>Met <input type="checkbox"/> Not Met <input type="checkbox"/></p> <p>Successfully completed:</p> <ul style="list-style-type: none"> • Department-provided web-based training described in OAC 5123:2-5-02 (C)(1)(c) prior to application to renew certification (NOTE: only required to be taken one time); • At least 60 hours of continuing professional education during the previous certification period. Training described in OAC 5123: 2-5-02 (C)(1)(c) and (D) may be counted toward the 60 hours.

Please refer to highlighted area above for renewal requirements. If you have completed course work not reflected on this evaluation, please contact your supervisor.

Approved: Effective Date: _____ Expiration Date: _____ Processed by: _____ Date Processed: _____

Disapproved: Comments: _____ Processed by: _____ Date Processed: _____