

Southern Ohio Council of Governments Certification Application

SECTION I – TO BE COMPLETED BY APPLICANT

Applicant Instructions:

- Complete a separate application for each certification. Incomplete applications will not be processed.
- Submit transcripts, diplomas, or affidavit verifying continuing professional development as applicable. All first time applications must include education verification. Submit complete packet to SOCOG at least 30 days before expiration.
- Pay fee online or include a non-refundable check or money order for the appropriate application fee payable to: SOCOG. Applications submitted without the fee will not be processed.
- Email the completed application and supporting documents to providersupport@socog.org

Section 1A – Applicant Information

Last Name _____ First Name _____ Middle Initial _____
Date of Birth _____ SSN _____ Phone # _____
Home Address _____ City _____ State _____ Zip Code _____
E-mail Address _____ County Board _____
Employer's Name _____ Work Address _____
City, State, Zip _____
Current Position _____

Section 1B - Certification Status

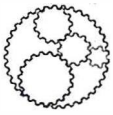
☐ Initial ☐ Renewal

Section 1C - Certification Type (Please check one)

- | | |
|---|--|
| <input type="checkbox"/> Adult Services Worker (5 years) | <input type="checkbox"/> Adult Services Supervisor (5 years) |
| <input type="checkbox"/> Services and Support Administrator (5 years) | <input type="checkbox"/> Services and Support Administrator Supervisor (5 years) |
| <input type="checkbox"/> Business Manager (1 : 5 years) | |

Section 1D – Degree Attained

Degree	School, City, State	Year Graduated
<input type="checkbox"/> High School Diploma or GED	_____	_____
<input type="checkbox"/> Associate's Degree	_____	_____
<input type="checkbox"/> Bachelor's Degree	_____	_____
<input type="checkbox"/> Master's Degree	_____	_____
<input type="checkbox"/> Doctorate Degree	_____	_____



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Section 1E - Legal Status

Yes No

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1. Have you ever been convicted of any felony or misdemeanor (other than a minor traffic offense)?

You must answer this question, even if the record of your conviction(s) has been sealed or expunged by a court of law and regardless of whether or not the conviction appears on a criminal background check. If you answer "Yes," use a separate sheet of paper to provide a detailed description of the nature of the offense including the name of the conviction, the date, the location (i.e., city, county, and state), and an explanation of the event leading to the conviction. If the conviction has been sealed or expunged, also provide detailed information regarding the sealing or expungement. Attach a copy of the criminal background check from the Ohio Bureau of Criminal Identification and Investigation (BCII). In addition, if you have lived outside of the state of Ohio during the past five years, attach a copy of the criminal background check from the Federal Bureau of Investigation.

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2. If the holder of or applicant for certification becomes aware that the holder of or applicant for certification is guilty of serious intemperate, immoral, or conduct unbecoming to his/her position, and/or is guilty of serious incompetence or negligence within the scope of his/her duties, and/or has been convicted of or pleaded guilty to any of the felony or misdemeanor offenses described in Ohio Administrative Code 5123:2-2-02, he/she shall notify the county board and SOOG at the time of initial employment or within 14 days of the event for current employees. Failure to make notification may result in termination of employment. Do you understand?

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3. Have you ever had a registration, certification or license (excluding a Driver's License) suspended or revoked? If "yes," please explain on a separate sheet.

I hereby certify that the information contained on this application is true to the best of my knowledge. I agree to complete the necessary training, mentorship, and/or continuing professional development units required to renew existing certification.

Applicant's Signature _____

Date _____

SECTION 2 – TO BE COMPLETED BY HUMAN RESOURCES

Yes No

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If the applicant answered "yes" to Section 1E, Question 1, the applicant must attach a copy of a recent criminal background check from the Ohio Bureau of Criminal Identification and Investigation (BCII). Is a current BCII report attached?

Disqualifying offense:

Exclusion period:

Date applicant was fully discharged from imprisonment, probation and/or parole:

If applicant answered yes to Section 1E, Question 1, the Superintendent must check one of the following boxes:

Yes No

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Applicant has completed the BCII criminal background check and does not have a criminal record that precludes issuance of certification as defined in Ohio Administrative Code 5123:2-2-02.

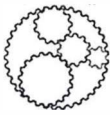
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Applicant has completed a BCII criminal background check and has been convicted of or pleaded guilty to a disqualifying offense and the corresponding time period that precludes applicant from being employed has been exhausted.

Signature of the Superintendent of the employing county board of developmental disabilities serves as written authorization for issuance of certification by SOCOG and verification of the employee's applicable work experience, required continuing education, completion of orientation program, appropriate/required training, and applicable mentorship/supervision as stipulated in the certification standards.

Superintendent Signature _____

Date _____



**Southern Ohio Council of Governments
Certification Application**

Application Fee Schedule

The fee must accompany the certification application. The fee may be paid by check or money order payable to "SOCOG" and is non-refundable.

Adult Services		
Level	Span	Fee
Worker	5 Years	\$30
Supervisor	5 Years	\$75
Service and Support Administration		
Level	Span	Fee
Administrator	5 Years	\$50
Supervisor	5 years	\$75
Business Management		
Level	Span	Fee
Business Manager	5 Years	\$75

Southern Ohio Council of Governments
Service and Support Administrator Certification
Continuing Education Completion Verification Affidavit Attachment
FIRST RENEWAL SSA ONLY

Applicant's Name: _____

Date completed:	Timeline:	Requirement:
_____	Within 90 days as SSA	Complete or provide evidence of 8 hour orientation*
_____	No later than 1 year after hire	DODD provided web-based training: OAC 5123:5-02 (C)(1)(c) * <i>NOTE: only required to be taken once</i>
_____	No later than 1 year after hire	Training specific to SSA : OAC 5123:5-02 (C)(1)(d)*
_____	During initial SSA certification	60 hours of continuing education NOTE: requirements marked with an “*” count toward 60

By signing below, the applicant attests that he/she have completed the required hours of training and acknowledges he/she may be required to provide proof of said trainings if selected for audit or otherwise requested.

Applicant's signature _____ Date _____

Southern Ohio Council of Governments

County Board Employee Certification

Continuing Education Completion Verification Affidavit Attachment
For SSA Renewals *(after 1st renewal)*

Applicants Name: _____

By signing below, the applicant attests that he/she have completed the required **60 hours** of continuing education as described in **OAC 5123-5-02 (C)(1)(c)**. The applicant also acknowledges he/she may be required to provide proof of said trainings if selected for audit or otherwise requested.

Applicant's signature _____ Date _____