



OCSEA/DRC Licensure & Certification Program

Administered by the Union Education Trust

Application Form

DIRECTIONS: Please complete all information. Application must include your Employee ID number & signature; and it must be accompanied by supporting documentation to acquire or renew your license or certificate. If you have any questions regarding your application or the application process, please contact Layne Reed at 1-800-969-4702 ext. 2645, or at LReed@uedtrustadmin.org.

❖ **SUBMIT YOUR COMPLETED APPLICATION BY E-MAIL, MAIL OR FAX.**

By checking the boxes... ☐ I verify that I asked my supervisor to pay for this license or certificate with agency funds, but my request was denied.
☐ I confirm that this license or certificate is required for my current job position with DRC.

Rev. 2026-09

Applicant Information

Employee ID Number: _____
Last Name: _____ First Name: _____ Middle Initial: _____
DRC Institution/Office: _____ Work Hours: _____
Work Address: _____ City: _____ State: OH Zip: _____
Work Phone: _____ Ext.: _____ Home Phone: _____
Cell Phone: _____ E-mail: _____

License/Certificate Information

Name of license/certificate you wish to acquire or renew: _____
Period the license/certificate will be valid: Issue Date: _____; Expire Date: _____ || — Testing Date: _____ (if applicable)
Is this license/certificate required for your current job position with DRC: Yes: ☐ No: ☐
Cost of acquiring or renewing license/certificate: \$ _____. Testing Fees (if applicable): \$ _____.
Name of Authority issuing license/certificate (or administering test if applicable): _____
Authority Address: _____ City: _____ State: _____ Zip: _____
Authority Phone Number: _____
By checking this box... ☐ I verify that I have met all the requirements to acquire the license/certificate listed above.

I am applying for PRE-PAYMENT

The following documents must be attached:

- ☐ Completed and signed application to receive license/certificate
☐ Completed and signed supporting documentation

UET will pre-pay approved applications directly to the Authority issuing license/certificate. Please allow **30 days** for processing. You must send a copy of the license/certificate to UET upon receipt. If you do not receive your license/certificate within 60 days, contact the UET.

By checking this box... ☐ I agree to e-mail, mail or fax a copy of the license/certificate to the UET within 60 calendar days from the date UET issues the approval letter.

I am applying for REIMBURSEMENT

The following documents must be attached:

- ☐ Copy of completed and signed application to receive license/certificate
☐ Copy of license/certificate
☐ Proof of payment (e.g., Receipt or paid statement, credit card statement, or both sides of your cancelled check)

UET will reimburse the fees for a license/certificate, including related testing (if applicable), that meet the DRC job position licensure/certification requirement.

TERMS & CONDITIONS:

By checking this box... ☐ I verify that the information in this application is true and accurate to the best of my knowledge and belief. Also, I authorize the Authority issuing the license/certificate to release any information and other data regarding my application listed above to the UET.

Signature: _____

Date: _____

E-mail, Mail or Fax your application to:

Union Education Trust
Attn: **Layne Reed**
390 Worthington Rd., Suite C
Westerville, OH 43081
Fax: (614) 865-4012