



Signature: ______

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 Brenda Buckley at 1-800-969-4702 ext. 2645, or at bbuckley@ocsea.org.

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.			
	Applicant Infor	rmation	Rev. 2022
Employee ID Number:			
Last Name:	First Name:	First Name:	
DRC Institution/Office: _			
Work Address:	City:		State: <u>OH</u> Zip:
Work Phone:	Ext.: I	Home Phone:	
Cell Phone:	E-mail:		
License/Certificate Information			
Name of license/certification	te 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 renev	wing license/certificate: \$ Testing	ng Fees (If applice	able): \$
Name of Authority issuin	g license/certificate (or administering test if applicable):		
	City:		
Authority Phone Number	: :		
By checking this box	☐ I verify that I have met all the requirements to acqu	ire the license	e/certificate listed above.
I am applying for PRE-PAYMENT I am applying for REIMBURSEMENT			
The following documents must be attached:			wing documents must be attached:
UET will pre-pay approve license/certificate. Please copy of the license/certific license/certificate within 6	I agree to e-mail, mail or fax a copy of the IET within 60 calendar days from the date UET	□ 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.	
est of my knowledge and belief	I verify that the information in this application is true and accur. Also, I authorize the Authority issuing the license/certificate to rerding my application listed above to the UET.		E-mail, Mail or Fax your application to: Union Education Trust Attn: Brenda Buckley

Attn: Brenda Buckley 390 Worthington Rd., Suite C Westerville, OH 43081 Fax: (614) 865-4012