

## Master Teacher Verification Form Initial/Renewal

The following educator has successfully completed the Master Teacher program utilizing the Ohio Department of Education's process and procedures for determining the designation:

\_\_\_\_\_  
Name of Educator (print)

\_\_\_\_\_  
Educator State ID

\_\_\_\_\_  
Birthdate

**Note: The Master Teacher designation must be current at the time of the effective date for the Senior/Lead Professional Educator license requested.**

Current designation valid from

\_\_\_\_\_  
Date

to

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Licensure Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Master Teacher Committee Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Superintendent/Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
School District Name

\_\_\_\_\_  
School District IRN

\_\_\_\_\_  
School District Address

**Please be sure all required information is correct and included on the form. An incomplete form and/or incorrectly completed form will not be accepted, and a new form will be required.**