

# Developmental Specialist One (1) Year Certification Application (initial and renewal)

*Instructions (please read carefully):*

The following sections are included in this form:

- A. Application Type**
- B. Applicant Information**
- C. Convictions and Adverse Actions**
- D. Applicant signature**
- E. Initial One Year DS cert – Track I**
- F. Initial One Year DS Cert – Track II**
- G. Renewal of One Year DS cert**
- H. Attestation of Employment**
- I. Attestation of Coaching Requirement**
- J. Attestation of Annual Training Requirement**
- K. Applicant's Statement**
- L. Application Addendum**

The first step is to determine application type (Section 1)

NOTE: "Initial" means the **first time** the one-year certification is applied for under the DS certification rule 5123-10-05 (effective July 1, 2021)

**1. Initial 1 Year Certification – Track I** – This track is **only** for those who hold a one-year DS certification issued under the previous certification rule AND who have completed five of the six college courses/seminars required for 5-year certification. [Developmental Specialist Certification At-A-Glance](#).

**Complete Sections: A, B, C, D, E, H, J, K, L**

**2. Initial 1 Year Certification – Track II** – This track is for those who:

a) hold a one-year DS certification issued prior to the new rule and who **have not** completed five of the six college courses/seminars. [Developmental Specialist Certification At-A-Glance](#).

**Complete Sections: A, B, C, D, F1, H, I, J, K, L**

b) are newly hired or offered DS employment and do not qualify for 5-year DS certification. [Developmental Specialist Certification At-A-Glance](#).

**Complete Sections: A, B, C, D, F2, H, I, K, L**

**3. Renewal of 1 Year Certification** – This **one time** renewal is available to those who have been issued a Track II, 1 Year Certification under rule 5123-10-05 (effective July 1, 2021). [Developmental Specialist Certification At-A-Glance](#).

**Complete Sections: A, B, C, D, G, H, I, J, K**

*Complete all required sections of the application. Failure to thoroughly complete application and/or submit required supporting documents will result in return of the application to the applicant by email.*

The application should be signed and submitted electronically. Submit the application to the Ohio Department of Developmental Disabilities (DODD), *Attn: Provider Certification Unit* by email to [provider.certification@dodd.ohio.gov](mailto:provider.certification@dodd.ohio.gov). Submit copies of corresponding official transcripts, grade reports, verifications of seminar completion, and verification of continuing professional development.

# Developmental Specialist One (1) Year Certification Application (initial and renewal)

## A. Application Type (select only one)

Initial

Renewal

NOTE: "Initial" means the **first time** the one-year certification is applied for under the DS certification rule 5123-10-05 (effective July 1, 2021)

## B. Applicant Information:

Last Name:

First Name:

Middle Name:

Other Names (i.e. maiden or other legal names):

Date of Birth:

SSN:

Phone Number:

Email Address:

Home Address:

City:

State:

Zip Code:

Have you resided outside of Ohio within the last five (5) years?

Yes\*

No

\*If yes, an FBI background check is required, and it must be sent to DODD directly from BCII.

## Current Employment:

Employer's Name:

Work Phone:

Work Address:

City:

State:

Zip Code:

Current Position:

## Education

Highest Degree Obtained (check only one):

Bachelor's Degree

Graduate-level Degree

Field of Study

College/University Name

## Other Certifications/Licenses Held (if applicable per requirements of 5123-10-05, (C)(1)(b)(i)(b)(iii)):

Type and Issuing  
Agency/State

Name on License  
(if other than name on application)

License Number

Issuance/Effective  
Date

Expiration  
Date

## C. Convictions and Adverse Actions:

Please review and complete the attached addendum (beginning on page 7). You must answer these questions 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" to the questions on the addendum, provide a detailed personal account of the nature of the offense including the date, the location (i.e. city, county, and state), and an explanation leading to the conviction. If the conviction has been sealed or expunged, also provide detailed information regarding the sealing or expungement and attach a copy of the court journal entry.

\*Any BCI and/or FBI reports must be sent directly from BCII in London, Ohio to DODD.

Have you ever had a registration, certification or license (excluding a Driver's License) suspended or revoked?

(If you answer, "Yes", use a separate sheet of paper to explain. Include information regarding the particular registration/certification/license including issuing authority.)

Yes

No

## Required Notice:

If the holder of or applicant for certification becomes aware that the holder of or applicant for certification has engaged in an immoral act, incompetence, negligence or conduct that is unbecoming to the applicant's or holder's position or has entered a plea of guilty to or been convicted of the offenses described in Ohio Administrative Code 5123:2-2-02, he/she shall notify DODD, Attn: Provider Certification Unit, in writing within 72 hours.

## D. Signature of applicant

Date signed

**E. Initial One (1) Year Developmental Specialist Certification – Track I:** For a person who holds valid one-year developmental specialist certification issued in accordance with rule 5123:2-5-05 of the Administrative Code in effect immediately prior to the effective date of this rule and is within one year of completing all six college courses or seminars required for five-year developmental specialist certification in accordance with that rule.

Verification of:

For Applicant use	For DODD use
Valid 1-year DS certification (Issued under 5123-2-5-05)	Valid 1-year DS certification
Employed in position of DS (Section H of this form)	Employed in position of DS
Completion of 5 of the 6 college courses or seminars (submit transcripts/certificates of completion)	Completion of 5 of the 6 college courses or seminars Evaluation and assessment (Course # ) Infant/toddler growth and development (Course # ) Individualized family service plan development, intervention planning, and service delivery (Course # ) Disabilities and risk factors from birth (Course # ) Family-centered services and supports (Course # ) Team collaboration (Course # )

NOTE: A person who held one-year developmental specialist certification in accordance with paragraph (C)(1)(a)(i) of rule 5123-10-05 and failed to complete all six college courses or seminars specified in paragraph (C)(2)(a)(ii)(a)(iii) of the rule is ineligible to apply for additional one-year developmental specialist certification and will be required to meet the requirements set forth in paragraph (C)(2)(a)(ii) of this rule for five-year developmental specialist certification.

**F. Initial One (1) Year Developmental Specialist Certification – Track II:**

**1.** For a person who holds valid one-year developmental specialist certification issued in accordance with rule 5123:2-5-05 of the Administrative Code in effect immediately prior to the effective date of rule but does not meet the requirements for one-year developmental specialist certification Track I.

Verification of:

For Applicant use	For DODD use
Valid 1-year DS certification (Issued under 5123-2-5-05)	Valid 1-year DS certification
Receives an offer of employment or is employed as a developmental specialist (Section H of this form)	Receives an offer of employment or is employed as a developmental specialist
Written attestation that the hiring entity will arrange for and ensure that the applicant actively participates in evidence-based practice coaching (Section I of this form)	Written attestation that the hiring entity will arrange for and ensure that the applicant actively participates in evidence-based practice coaching
Completion of all 10 DS orientation modules (submit transcript from DODD MyLearning)	Completion of all 10 DS orientation modules
Completion of infant and toddler development (submit transcript from DODD MyLearning)	Completion of infant and toddler development

2. For a person who receives an offer of employment or becomes employed in the position of developmental specialist on or after the effective date of this rule.

Verification of:

For Applicant use	For DODD use
Bachelor's or Graduate-level Degree (submit transcripts) (If applicable because of unrelated field of study or no related license) two years of full-time (or equivalent part-time), supervised, paid experience working with children birth through age five with disabilities, developmental delays, or diagnosed physical or mental conditions that have a high probability of resulting in a developmental delay and their families. (Submit verification, including agency/employer name and contact information, dates of employment, number of years worked, and nature of work)	Bachelor's or Graduate-level Degree (If unrelated field of study or no related license) two years or full-time (or equivalent part-time), supervised, paid experience working with children birth through age five with disabilities, developmental delays, or diagnosed physical or mental conditions that have a high probability of resulting in a developmental delay and their families.
Receives an offer of employment or is employed as a developmental specialist (Section H of this form)	Receives an offer of employment or is employed as a developmental specialist
Written attestation that the hiring entity will arrange for and ensure that the applicant actively participates in evidence-based practice coaching (Section I of this form)	Written attestation that the hiring entity will arrange for and ensure that the applicant actively participates in evidence-based practice coaching
Completion of all 10 DS orientation modules (submit transcript from DODD MyLearning)	Completion of all 10 DS orientation modules
Completion of infant and toddler development (submit transcript from DODD MyLearning)	Completion of infant and toddler development

### G. Renewal of One (1) Year Developmental Specialist Certification

Verification of:

For Applicant use	For DODD use
Valid 1-year DS certification	Valid 1-year DS certification
Is employed as a developmental specialist (submit verification from employer; may use the hiring attestation at the end of the section)	Employed as a developmental specialist
Written attestation that the hiring entity will arrange for and ensure that the applicant actively participates in evidence-based practice coaching (submit attestation as required by rule; may use the coaching attestation at the end of this section)	Written attestation that the hiring entity will arrange for and ensure that the applicant actively participates in evidence-based practice coaching
Successful completion at least three of the six college courses or seminars (at minimum, must have completed Evaluation and assessment, Infant/toddler growth and development, and Individualized family service plan development, intervention planning, and service delivery)	Successful completion at least three of the six college courses or seminars (at minimum, must have completed Evaluation and assessment, Infant/toddler growth and development, and Individualized family service plan development, intervention planning, and service delivery)

Note: A person who held one-year developmental specialist certification in accordance with paragraph (C)(1)(b)(i) of rule 5123-10-05 and failed to complete requirements set forth in paragraph (C)(1)(b)(ii) of this rule to renew one-year certification is ineligible to apply for additional one-year developmental specialist certification and will be required to meet the requirements set forth in paragraph (C)(2)(a)(ii) of this rule for five-year developmental specialist certification.

**H. Attestation of Employment:**

I, \_\_\_\_\_ (name) attest that the applicant \_\_\_\_\_ (name) has received an offer of employment as a developmental specialist or is employed as a developmental specialist.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Employing entity/agency name  
Role/Title of signator \_\_\_\_\_ Contact information

**I. Attestation of Coaching Requirement:**

I, \_\_\_\_\_ (name) will arrange for and ensure that the applicant actively participates in 12 months of evidence-based practice coaching beginning within the first 6 months of employment as a one year DS.\*

\*If coaching requirements have been met, submit copy of completed evidence based coaching agreement.

Signature of hiring entity \_\_\_\_\_ Date Signed \_\_\_\_\_  
Role/Title of signator \_\_\_\_\_ Contact information \_\_\_\_\_

**J. Attestation of Annual Training Requirement:**

I attest that I have annually completed the required training in:

The rights of persons with developmental disabilities set forth in section 5123.62 of the Revised Code (available in DODD MyLearning or through the employing agency);

The requirements of rule 5123-17-02 of the Administrative Code including a review of health and welfare alerts issued by the department since the previous year’s training (available in DODD MyLearning or through your employing agency).

Signature of Applicant \_\_\_\_\_ Date Signed \_\_\_\_\_

**K. Applicant’s Statement:**

I hereby attest (certify) that the information contained on this application is true to the best of my knowledge. I agree to complete the necessary seminars, college courses, and/or continuing professional development units required to receive initial certification or to renew an existing certification.

Signature of Applicant \_\_\_\_\_ Date Signed \_\_\_\_\_

**For DODD use**

Verified completion of 6 college courses or seminars required for DS Certification:

- Evaluation and assessment (Course # )
- Infant/toddler growth and development (Course # )
- Individualized family service plan development, intervention planning, and service delivery (Course # )
- Disabilities and risk factors from birth (Course # )
- Family-centered services and supports (Course # )
- Team collaboration (Course # )

**DODD Reviewer Only:**

Signature by the DODD Certification Specialist is required for issuance of the Developmental Specialist certification for Early Intervention

- Applicant has met the requirements of applicable work experience for the certification requested.
- Applicant has met the requirements of applicable education/training for the certification requested.

If the applicant answered "Yes" to the first question in the addendum, the reviewer must check one of the following boxes:

Applicant has completed a BCII criminal background check and does NOT have a criminal record that precludes issuance of certification.

Other

Approved:      Effective Date:                      Expiration Date:

Disapproved:      Reason:

Signature of Certification Authority

Date Signed:

**L. Application Addendum for Developmental Specialist Certification Issued by the Ohio Department of Developmental Disabilities - TO BE COMPLETED BY ALL APPLICANTS**

Have you ever: 1) been convicted of, 2) pleaded guilty to, or 3) been found eligible for intervention in lieu of conviction, for any of the disqualifying offenses listed in this application addendum?

Yes

No

Review the list of disqualifying offenses carefully. In accordance with rule 5123-2-02 of the Ohio Administrative Code (Background Investigations for Employment), you must answer this question even if the record of your conviction 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," please check the applicable disqualifying offense(s) and provide as much detail as possible, on the last page of this form, including a personal account of the nature of the offense, date, city, county, and state where the conviction occurred and an explanation of the circumstances leading up to the conviction; also include a description of the charge. If the conviction has been sealed or expunged, also provide detailed information regarding the sealing or expungement and attach a copy of the court journal entry. If you do not know if your conviction is substantially equivalent to any of the offenses listed below, please provide the required information on the last page of this form.

**Tier 1 Disqualifying Offenses (Permanent Exclusion):**

**Check If Applicable**

2903.01 (aggravated murder)	
2903.02 (murder)	
2903.03 (voluntary manslaughter)	
2903.11 (felonious assault)	
2903.15 (permitting child abuse)	
2903.16 (failing to provide for a functionally impaired person)	
2903.34 (patient abuse and neglect)	
2903.341 (patient endangerment)	
2905.01 (kidnapping)	
2905.02 (abduction)	
2905.32 (human trafficking)	
2905.33 (unlawful conduct with respect to documents)	
2907.02 (rape)	
2907.03 (sexual battery)	
2907.04 (unlawful sexual conduct with a minor, formerly corruption of a minor)	
2907.05 (gross sexual imposition)	
2907.06 (sexual imposition)	
2907.07 (importuning)	
2907.08 (voyeurism)	
2907.12 (felonious sexual penetration)	
2907.31 (disseminating matter harmful to juveniles)	
2907.32 (pandering obscenity)	
2907.321 (pandering obscenity involving a minor)	

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**Tier 1 Disqualifying Offenses (Permanent Exclusion):**

**Check If Applicable**

2907.322 (pandering sexually oriented matter involving a minor)	
2907.323 (illegal use of minor in nudity-oriented material or performance)	
2909.22 (soliciting/providing support for act of terrorism)	
2909.23 (making terrorist threat)	
2909.24 (terrorism)	
2913.40 (Medicaid fraud)	
2923.01 (conspiracy) when the underlying offense is any of the offenses or violations on this list	
2923.02 (attempt) when the underlying offense is any of the offenses or violations on this list	
2923.03 (complicity) when the underlying offense is any of the offenses or violations on this list	
A conviction related to fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct involving a federal or state- funded program, excluding the disqualifying offenses set forth in section 2913.46 of the Revised Code (illegal use of supplemental nutrition assistance program [SNAP] or women, infants, and children [WIC] program benefits).	
A violation of an existing or former municipal ordinance or law of this state, any other state, or the United States that is substantially equivalent to any of the offenses or violations on this list.	

**Tier 2 Disqualifying Offenses (Ten-Year Exclusion):**

**Check If Applicable**

2903.04 (involuntary manslaughter)	
2903.041 (reckless homicide)	
2905.04 (child stealing) as it existed prior to July 1, 1996	
2905.05 (criminal child enticement)	
2905.11 (extortion)	
2907.21 (compelling prostitution)	
2907.22 (promoting prostitution)	
2907.23 (enticement or solicitation to patronize a prostitute, procurement of a prostitute for another)	
2909.02 (aggravated arson)	
2909.03 (arson)	
2911.01 (aggravated robbery)	
2911.11 (aggravated burglary)	
2913.46 (illegal use of supplemental nutrition assistance program [SNAP] or women, infants, and children [WIC] program benefits)	
2913.48 (workers' compensation fraud)	
2913.49 (identity fraud)	
2917.02 (aggravated riot)	



**Application Addendum for Developmental Specialist Certification Issued by the Ohio Department of Developmental Disabilities - TO BE COMPLETED BY ALL APPLICANTS**

**Tier 2 Disqualifying Offenses (Ten-Year Exclusion):** **Check If Applicable**

2923.01 (conspiracy) when the underlying offense is any of the offenses or violations on this list	
2923.02 (attempt) when the underlying offense is any of the offenses or violations on this list	
2923.03 (complicity) when the underlying offense is any of the offenses or violations on this list	
2923.12 (carrying concealed weapon)	
2923.122 (illegal conveyance or possession of deadly weapon or dangerous ordnance in a school safety zone, illegal possession of an object indistinguishable from a firearm in a school safety zone)	
2923.123 (illegal conveyance, possession, or control of deadly weapon or dangerous ordnance into courthouse)	
2923.13 (having weapons while under disability)	
2923.161 (improperly discharging a firearm at or into a habitation or school)	
2923.162 (discharge of firearm on or near prohibited premises)	
2923.21 (improperly furnishing firearms to minor)	
2923.32 (engaging in pattern of corrupt activity)	
2923.42 (participating in criminal gang)	
2925.02 (corrupting another with drugs)	
2925.03 (trafficking in drugs)	
2925.04 (illegal manufacture of drugs or cultivation of marihuana)	
2925.041 (illegal assembly or possession of chemicals for the manufacture of drugs)	
3716.11 (placing harmful objects in food or confection)	
A violation of an existing or former municipal ordinance or law of this state, any other state, or the United States that is substantially equivalent to any of the offenses or violations on this list.	

**Tier 3 Disqualifying Offenses (Seven-Year Exclusion):** **Check If Applicable**

959.13 (cruelty to animals)	
959.131 (prohibitions concerning companion animals)	
2903.12 (aggravated assault)	
2903.21 (aggravated menacing)	
2903.211 (menacing by stalking)	
2905.12 (coercion)	
2909.04 (disrupting public services)	
2911.02 (robbery)	
2911.12 (burglary)	
2913.47 (insurance fraud)	
2917.01 (inciting to violence)	
2917.03 (riot)	

**Application Addendum for Developmental Specialist Certification Issued by the Ohio Department of Developmental Disabilities - TO BE COMPLETED BY ALL APPLICANTS**

**Tier 3 Disqualifying Offenses (Seven-Year Exclusion):**

**Check If Applicable**

2917.31 (inducing panic)	
2919.22 (endangering children)	
2919.25 (domestic violence)	
2921.03 (intimidation)	
2921.11 (perjury)	
2921.13 (falsification, falsification in theft offense, falsification to purchase firearm, or falsification to obtain a concealed handgun license)	
2921.34 (escape)	
2921.35 (aiding escape or resistance to lawful authority)	
2921.36 (illegal conveyance of weapons, drugs, or other prohibited items onto grounds of detention facility or institution)	
2923.01 (conspiracy) when the underlying offense is any of the offenses or violations on this list	
2923.02 (attempt) when the underlying offense is any of the offenses or violations on this list	
2923.03 (complicity) when the underlying offense is any of the offenses or violations on this list	
2925.05 (funding of drug or marijuana trafficking)	
2925.06 (illegal administration or distribution of anabolic steroids)	
2925.24 (tampering with drugs)	
2927.12 (ethnic intimidation)	
A violation of an existing or former municipal ordinance or law of this state, any other state, or the United States that is substantially equivalent to any of the offenses or violations on this list.	

**Tier 4 Disqualifying Offenses (Five-Year Exclusion):**

**Check If Applicable**

2903.13 (assault)	
2903.22 (menacing)	
2907.09 (public indecency)	
2907.24 (soliciting after positive human immunodeficiency virus test)	
2907.25 (prostitution)	
2907.33 (deception to obtain matter harmful to juveniles)	
2911.13 (breaking and entering)	
2913.02 (theft)	
2913.03 (unauthorized use of a vehicle)	
2913.04 (unauthorized use of property, computer, cable, or telecommunication property)	
2913.05 (telecommunications fraud)	
2913.11 (passing bad checks)	
2913.21 (misuse of credit cards)	

**Application Addendum for Developmental Specialist Certification Issued by the Ohio Department of Developmental Disabilities - TO BE COMPLETED BY ALL APPLICANTS**

**Tier 4 Disqualifying Offenses (Five-Year Exclusion):**

**Check If Applicable**

2913.31 (forgery, forging identification cards)	
2913.32 (criminal simulation)	
2913.41 (defrauding a rental agency or hostelry)	
2913.42 (tampering with records)	
2913.43 (securing writings by deception)	
2913.44 (personating an officer)	
2913.441 (unlawful display of law enforcement emblem)	
2913.45 (defrauding creditors)	
2913.51 (receiving stolen property)	
2919.12 (unlawful abortion)	
2919.121 (unlawful abortion upon minor)	
2919.123 (unlawful distribution of an abortion-inducing drug)	
2919.23 (interference with custody)	
2919.24 (contributing to unruliness or delinquency of child)	
2921.12 (tampering with evidence)	
2921.21 (compounding a crime)	
2921.24 (disclosure of confidential information)	
2921.32 (obstructing justice)	
2921.321 (assaulting/harassing police dog or horse/service animal)	
2921.51 (impersonation of peace officer)	
2923.01 (conspiracy) when the underlying offense is any of the offenses or violations on this list	
2923.02 (attempt) when the underlying offense is any of the offenses or violations on this list	
2923.03 (complicity) when the underlying offense is any of the offenses or violations on this list	
2925.09 (illegal administration, dispensing, distribution, manufacture, possession, selling, or using any dangerous veterinary drug)	
2925.11 (drug possession other than a minor drug possession offense)	
2925.13 (permitting drug abuse)	
2925.22 (deception to obtain dangerous drugs)	
2925.23 (illegal processing of drug documents)	
2925.36 (illegal dispensing of drug samples)	
2925.55 (unlawful purchase of pseudoephedrine product)	
2925.56 (unlawful sale of pseudoephedrine product)	
A violation of an existing or former municipal ordinance or law of this state, any other state, or the United States that is substantially equivalent to any of the offenses or violations on this list	

**Application Addendum for Developmental Specialist Certification Issued by the Ohio Department of Developmental Disabilities - TO BE COMPLETED BY ALL APPLICANTS**

I agree to notify the Ohio Department of Developmental Disabilities if while certified: 1) I am ever formally charged with, 2) I am convicted of, 3) I plead guilty to, or 4) I am found eligible for intervention in lieu of conviction for, any of the offenses listed in this application addendum. I also acknowledge that failure to report formal charges, a conviction, a guilty plea, or intervention in lieu of conviction, may result in the denial, suspension, or revocation of my certification.

I hereby attest (certify) that the information I have provided on this form is true to the best of my knowledge.

Name:

(please print)

Signature:

Date:

**Required information may be provided below or on an additional sheet:**