

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
Current designation valid from	Date	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		