



### Special Education Paraprofessional Application

**COMPLETE & SUBMIT TO:** Oklahoma State Department of Education, Special Education Services,  
2500 North Lincoln, Suite 412, Oklahoma City, Oklahoma 73105 Attention: Paraprofessional

*(Please Print Clearly)*

(Mr./Miss/ or Mrs.) please circle: Complete Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ CELL #: \_\_\_\_\_

SCHOOL DISTRICT: \_\_\_\_\_ CAREER TECH: \_\_\_\_\_

**To Be Filled Out By State Department of Education**

Certificate of Completion ODCTE	Yes	No
Documentation Sheet	Yes	No
CPR Training	Yes	No
First Aid Training	Yes	No
District Job Description	Yes	No
Daily Schedule	Yes	No

*Special Education Paraprofessional Certification Date* \_\_\_\_\_

\_\_\_\_\_  
Signature/Date  
 Approved

\_\_\_\_\_  
Signature/Date  
Return Application



## ***Special Education Paraprofessional Documentation Sheet***

***Signature of Principal, Special Education Director, or Superintendent is REQUIRED for Verifying the Following Information.***

- Received a copy of emergency procedures for the classroom or school
- Received a district handbook or policy manual for employees for your district
- Received Universal Precautions Training
- Meets the High School Diploma or General Education Development (GED) requirement for Paraprofessional Registry Status
- Daily Schedule & Job Description

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Signature

Title

Date

***(Principal, Special Education Director, or Superintendent SIGNATURE ONLY)***

### **ATTACH THE FOLLOWING:**

1. A copy of the certificate of completion or transcript from the Career Tech attended.
2. A copy of your current Cardiopulmonary Resuscitation (CPR) Training card (front and back).
3. A copy of your current First Aid card (front and back).
4. A copy of Daily Schedule & Job Description.