Resident Educator Candidate Profile - Year 4 - 2022-23

This information will be used to register you with ODE for the Resident Educator Program.

CANDIDATE INFORMATION:		
Last Name:	First Name:	
Date of Birth: (month/day/year)//		
E-mail Address:		
This email is a change from last year? Yes	No	
Home Information:		
Street Address:		
City, State, ZIP:		
Home Phone/Cell Phone: Home	Cell	
NOTE: IF YOU MOVE OR CHANGE YOUR ADD OR PHONE, YOU MUST UPDATE YOUR ODE OF		
License Number:		
School Name:		
Are you teaching at least 120 days this school year?	? Yes No	
Year 4 requires that you have a colleague that w	ill collaborate with you on the leadership	activities.
Colleague's Name:		
Colleague's License Number:		
Complete this section only if you completed Year Cincinnati. Year 3 Resident Educator Program:	r 3 with <u>another district</u> outside of the Ar	chdiocese of
School Name:		
District Name:		

Return this form via email to residenteducator@catholicaoc.org