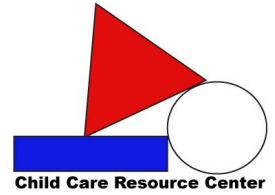


Request for Replacement ODJFS In-service Form

Any questions contact:
 (440) 960-7187 or (800) 526-5268



PLEASE PRINT CLEARLY

Name: _____

Ohio Professional ID Number (OPIN): _____ - _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Email: _____

Next licensing or verification visit (approximate date accepted): _____

To release these forms directly to your employer, we need your permission & signature:

I give permission for the CCRC to release these forms to my employer: _____
Your Signature

Center Name: _____ Director's Name: _____

Work Mailing Address: _____

City: _____ State: _____ Zip: _____

Please indicate the date, title, and location of the workshop for which you need a replacement in-service form. We can only replace in-service forms for workshops coordinated by the CCRC.

Date	Course Title	Location of Workshop	Cost
			\$5.00
			\$5.00
			\$5.00
			\$5.00
			\$5.00
			\$5.00

Method of payment _____ Check _____ Money Order _____ Total Submitted \$ _____

INSTRUCTIONS

Make checks payable to the Child Care Resource Center. Send the completed application and payment to:
 Child Care Resource Center
 5350 Oberlin Ave Lorain Oh 44053
 Processing may take 6-8 weeks

PAYMENT MUST BE RECEIVED ALONG WITH THIS REQUEST

CCRC use only		
Date Received: _____	Check #: _____	
Received by: _____	Certificated Mailed: _____	Entered: _____