

Southern Ohio Council

A Council of Governments

CERTIFICATE/REGISTRATION NUMBER: 2023 -019

ISSUE DATE: 6/12/2023

EFFECTIVE/EXPIRATION DATES: 06/12/2023 - 06/13/2028

NAME: Stephanie Wheeler

TYPE: Certification of County Board of DD Employees

VALIDATION: Service and Support Administrator

STATUS: Initial

Kelly Rosler
Executive Director
Southern Ohio Council
of Governments

**Southern Ohio Council of Governments
Evaluation for Service and Support Administrator Certification**

(OAC 5123: 2-5-02 – effective 4/1/2017)

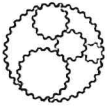
Last Name: Wheeler First Name: Stephanie Middle Name: M SSN: 270-94-7665

Initial (Duration = 5 years)	First Renewal (Duration = 5 years)	Subsequent Renewals (Duration = 5 years)
<p>Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/></p> <p>Has one of the following from an accredited college/university:</p> <ul style="list-style-type: none"> <input type="checkbox"/> associate's degree* <input checked="" type="checkbox"/> bachelor's degree <input checked="" type="checkbox"/> graduate-level degree <p>*shall be a conditional status service and support administrator (SSA) and shall perform the duties of an SSA only under the supervision of a management employee who is a service and support administration supervisor.</p>	<p>Met <input type="checkbox"/> Not Met <input type="checkbox"/></p> <p>Has one of the following from an accredited college/university:</p> <ul style="list-style-type: none"> <input type="checkbox"/> associate's degree* <input type="checkbox"/> bachelor's degree <input type="checkbox"/> graduate-level degree <p>Within 90 days as an SSA, successfully completed, or provided evidence of having successfully completed, an orientation program of at least 8 hours as defined in OAC 5123: 2-5-02 (C)(1)(b).</p> <p>Met <input type="checkbox"/> Not Met <input type="checkbox"/></p> <p>No later than one year after hire, successfully completed department-provided web-based training as defined in OAC 5123:2-5-02 (C)(1)(c).</p> <p>Met <input type="checkbox"/> Not Met <input type="checkbox"/></p> <p>No later than one year after hire as an SSA (other than those who have at least one year of experience as an SSA at the point of hire), successfully completed training specific to the provision of service and support administration included in, but not limited to, OAC 5123:2-5-02 (C)(1)(d).</p> <p>Met <input type="checkbox"/> Not Met <input type="checkbox"/></p> <p>During the period of initial SSA certification, successfully completed at least 60 hours of continuing professional education. Training described in OAC 5123:2-5-02 (C)(1)(b), (C)(1)(c), (C)(1)(d) and (D) may be counted toward the 60 hours.</p>	<p>Met <input type="checkbox"/> Not Met <input type="checkbox"/></p> <p>Successfully met requirements of previous certification period.</p> <p>Met <input type="checkbox"/> Not Met <input type="checkbox"/></p> <p>Successfully completed:</p> <ul style="list-style-type: none"> • Department-provided web-based training described in OAC 5123:2-5-02 (C)(1)(c) prior to application to renew certification (NOTE: only required to be taken one time); • At least 60 hours of continuing professional education during the previous certification period. Training described in OAC 5123: 2-5-02 (C)(1)(c) and (D) may be counted toward the 60 hours.

Please refer to highlighted area above for renewal requirements. If you have completed course work not reflected on this evaluation, please contact your supervisor.

Approved: Effective Date: 6/12/2023 Expiration Date: 6/13/2023 Processed by: Kelli Cothran Date Processed: 6/12/2023

Disapproved: Comments: _____ Processed by: _____ Date Processed: _____



Southern Ohio Council of Governments Certification Application

SECTION I – TO BE COMPLETED BY APPLICANT

Applicant Instructions:

- Complete a separate application for each certification. Incomplete applications will not be processed.
- Submit transcripts, diplomas, or affidavit verifying continuing professional development as applicable. All first time applications must include education verification.
- Submit complete packet to SOCOG at least 30 days before expiration. Include a non-refundable check or money order for the appropriate application fee payable to: SOCOG. Applications submitted without the fee will not be processed.
- Mail the completed application, fee and supporting documents to: SOCOG, P.O. Box 456, Chillicothe, OH 45601.

Section 1A – Applicant Information

Last Name Wheeler First Name Stephanie Middle Initial M
 Date of Birth 04-11-1991 SSN 270-94-7645 Phone # 740-253-6503
 Home Address 577 Rozelle Creek Rd. City Chillicothe State OH Zip Code 45601
 E-mail Address swheeler@rossdd.org County Board Ross
 Employer's Name SOCOG Work Address P.O. Box 456 Chillicothe, OH 45601
 City, State, Zip Chillicothe, OH 45601
 Current Position SSA Assistant

Section 1B - Certification Status

Initial Renewal

Section 1C - Certification Type (Please check one)

- Adult Services Worker (5 years) Adult Services Supervisor (5 years)
 Services and Support Administrator (5 years) Services and Support Administrator Supervisor (5 years)
 Business Manager (1 : 5 years)

Section 1D – Degree Attained

Degree	School, City, State	Year Graduated
<input type="checkbox"/> High School Diploma or GED	_____	_____
<input type="checkbox"/> Associate's Degree	_____	_____
<input type="checkbox"/> Bachelor's Degree	_____	_____
<input checked="" type="checkbox"/> Master's Degree	<u>Ohio University, Athens, OH 45701</u>	<u>2014</u>
<input type="checkbox"/> Doctorate Degree	_____	_____