# PROVIDER AFFIDAVIT

**I hereby attest that my business or school will follow all requirements for the Jon Peterson Special Needs Scholarship Program specified under sections 3310.52 to 3310.64 of the Ohio Revised Code. I also affirm that:**

1. The Private Provider applicant is located within the boundaries of the state of Ohio, and will serve children participating in the Jon Peterson Special Needs Scholarship Program within the boundaries of the state of Ohio, unless otherwise approved by the Ohio Department of Education.

2. The Private Provider applicant assures compliance with background check requirements as described in ORC Sections 3319.39, 3319.391 and 3319.392.

3. The Private Provider applicant assures that anyone employed by the provider or subcontracted and serving students through the Jon Peterson Special Needs Scholarship Program holds the appropriate credentials from the Ohio Department of Education, state or national board for their specific professions, and these credentials are applicable for the special education and related services being provided. The Private Provider applicant assures that volunteers used to assist in providing special education and related services to a scholarship recipient will be supervised by a person meeting the requirements of this section. The Private Provider applicant assures that the employee's credentials are not currently suspended or revoked in accordance with Chapter 119 and ORC section 3319.31.

4. The Private Provider applicant has obtained approval of its educational program by the department as described in ORC Section 3310.58(D).

5. The Private Provider applicant agrees to meet any and all health and safety standards established by law as described in ORC Section 3310.58(F).

6. The Private Provider applicant agrees to provide a record of the implementation of the IEP and a record of the student's progress to the school district who wrote the IEP, in the form and manner described by the department and cooperate with the district during the process of revising the IEPs for scholarship students.

7. The Private Provider applicant agrees to retain documentation regarding scholarship students as required by the department.

8. The Private Provider applicant agrees to notify the eligible applicant in writing of its reason for declining to enroll the child receiving a scholarship.

9. The Private Provider applicant has adequate liability, property and casualty insurance.

10. The Private Provider applicant has no outstanding claims for recovery from the Auditor of State.

11. The Private Provider applicant has a written policy addressing the private provider's practices to ensure that said private provider does not discriminate on the basis of race, color, or national origin.

12. The Private Provider applicant agrees to annually communicate to the department its tuition or fee structure including all discounts and other adjustments offered.

13. The Private Provider applicant will prepare a profile of its special education program that contain the methods of instruction that will be utilized to provide services to children receiving scholarship and the qualification of teacher, instructors, and all other employees or subcontractors who will provide services to scholarship children, in the form prescribed by the department. The Private Provider applicant will provide the profile to eligible applicants.

14. The Private Provider applicant will administer tests, as required by Ohio Revised Code section 3313.976 (A)(11), to students receiving scholarships and enrolled in grade levels for which tests are regularly administered pursuant to sections 3301.0710 and 3301.0712 of the Ohio Revised Code, and that the results of such tests shall be reported to the department pursuant to procedures established by the department.

15. The Private Provider applicant will make its facilities and the records pertinent to the effective implementation of the Jon Peterson Special Needs Scholarship Program available during regular business hours for announced or unannounced visits by department personnel responsible for the purpose of performing compliance reviews.

16. The Private Provider applicant will establish sufficient student attendance recordkeeping procedures, including processes for documentation of excused absences.

17. The Private Provider applicant will establish a reliable system to ensure confidentially of student records.

18. The Private Provider applicant will promptly refund to the state any amounts overpaid on behalf of a student due to ineligibility, disenrollment, expulsion, data error, or for any other reason.

19. The Private Provider applicant will disenroll any scholarship student once a determination is made that student will no longer attend the school and the disenrollment will be recorded as the last date the student attended classes.

20. The Private Provider applicant will allow the department to monitor compliance with applicable rules as they apply to chartered nonpublic schools and will provide at the request of the department such information and copies of records as may be necessary to ensure such compliance, including:

    - Information and records related to school staff and volunteers, including license or certificate numbers, and evidence of criminal records checks pursuant to section 3319.39 of the Ohio Revised Code and Rule 3301-20-01 of Ohio Administrative Code. If the criminal records check reveals an employee or applicant has been convicted of any offense listed in Ohio Revised Code section 3319.39, the individual shall be excluded from employment with the school;
    - School policies and procedures including the parent or student handbook, admissions policies, and withdrawal and transfer policies; and
    - Building, vehicle and operational safety information including, but not limited to, fire inspection reports, food service licenses and vehicle inspection reports.

21. The information requested and contained in this affidavit is correct and complete to the best of my knowledge and belief.

**To be completed only by an individual authorized to agree to the above statements on behalf of the Private Provider applicant.**

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(**Name)**

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**(Title**

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**(Date)**