Please do not staple

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Pupil Activity Permit Application (New and Renewal)

PERSONAL INFORMATION

SSN ☐☐☐ — ☐☐ — ☐☐☐☐

– OR – Educator State ID ☐☐ — ☐☐☐☐☐☐☐

Birthdate _____ ☐ Male ☐ Female

First Name _____ MI _____

Last Name _____

Address _____

_____

City _____ State _____ Zip _____

Home Phone ( ) – Cell Phone ( ) –

E-mail _____

Other names that may appear on official documents (maiden, etc.)

_____

Ohio | Department of Education

Office of Educator Licensure
25 S. Front St., Mail Stop 105
Columbus, Ohio 43215-4183

This application has 2 pages to be completed. **Please fill in, print and sign. Please complete using black or blue ink only.**

Please check one:

☐ New
☐ Renewal
☐ Correct Effective Year

Amount enclosed: $ _____

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BACKGROUND CHECKS

First Ohio License, Certificate or Permit

When an individual submits an application for his/her first license, certificate or permit issued by the Ohio Department of Education, a BCI and FBI background check report, completed within 365 days of the date the application is received, must be on file at the Department of Education.

Renewals and Additional Licenses, Certificates or Permits

Have you lived continuously in Ohio for the past 5 years? You must check one:

☐ **YES –** An FBI background check is required if the report on file with ODE is more than 5 years old at the date the application is received. A BCI background check is required if you do not have one on file with ODE.

☐ **NO –** Both the BCI and FBI background checks are required if the reports on file with ODE are more than five years old on the date the application is received.

Please note: The Ohio Department of Education **is not able** to accept paper reports. All background check reports must be submitted to this office via electronic submission directly from the Ohio Bureau of Criminal Investigation. When you have your fingerprints taken at a WebCheck facility, please ask the person taking the prints to check the box under 'Reason Fingerprinted' to send to the Ohio Department of Education per the example below:

Reason Fingerprinted

☒ *Send to the Ohio Department of Education*

Please **do not** use the Department of Education address in the 'mail to' section because the department is not able to utilize paper reports. For more information on how to complete this electronic process, please visit **www.ohioattorneygeneral.gov/Services/Business/WebCheck**.

LEGAL QUESTIONS (Each question MUST be answered by clicking on the appropriate box.)

If you answer YES to any question, attach an explanation to this application. Please include the year of conviction, the nature of the offense and the court where the matter was heard.

☐ Yes ☐ No Have you ever been convicted of, found guilty of, pled guilty to, or pled no contest to any misdemeanor other than a traffic offense?

☐ Yes ☐ No Have you ever been convicted of, found guilty of, pled guilty to, or pled no contest to any felony?

☐ Yes ☐ No Have you ever had a criminal conviction sealed or expunged?

☐ Yes ☐ No Have you ever had ANY professional certificate, license, permit, or an application for the same, revoked, suspended, limited or denied?

☐ Yes ☐ No Have you ever surrendered ANY certificate, license or permit, other than a driver's license?

APPLICANT SIGNATURE

I certify under penalty of loss of my right to teach or work in the schools of Ohio that the answers to these five questions are true and correct in every respect.

_____ Signature of Applicant

_____ Date

Pupil Activity Permit

REQUEST(S)

◯ 3-Year Pupil Activity Permit (New or Renewal) $45

◯ Correct effective year to _____ $20

Please enclose money order or personal check payable to **"Treasurer, State of Ohio"** with application. **Do not send cash. Note:** $25 of the processing fee is non-refundable.

ELIGIBILITY INFORMATION

(Please indicate how the first aid training requirement has been met.)

◯ **Ohio Department of Education Approved Pupil Activity Program**

Indicate Provider Number _____
or submit a copy of your program completion certificate

OR

◯ **Nationally approved program.** The following nationally approved programs are acceptable. Please indicate which training you completed. Please submit a copy of your card or certificate along with this application.

American Red Cross – "Sports Injury Prevention Training"

American Red Cross – "First Aid for Coaches" or "First Aid, Health, and Safety for Coaches"

American Sport Education Program – "Sport First Aid"

NFHS First Aid, Health and Safety for Coaches

OR

◯ **Medical License.** The following medical licenses are acceptable. **Please submit a copy of your license along with this application.**

Medical Doctor (M.D.), Doctor of Osteopathy (D.O.), Doctor of Chiropractic (D.C.), Registered Nurse (R.N.),

Emergency Medical Technician (EMT), Paramedic or Athletic Trainer (A.T.C.)

OR

◯ **College or university coursework completed** within the past three years and related to first aid training or athletic training. **Please submit the official transcript and syllabus of first aid coursework taken to fulfill the requirement.**

Additional Coaching Requirements

1. Coaches must hold a valid CPR card during his/her season.
2. Coaches must complete the NFHS 'Fundamentals of Coaching' class.

Please do not send copies of your class certificate or CPR card. Completion of those two requirements must be verified by the school district where you are coaching.

Effective April 26, 2013, pursuant to Ohio Revised Code section 3319.303, any applicant for a new or renewal pupil activity permit is required to complete training specifically focused on recognizing the signs and symptoms of concussions and head injuries and brain injury management as a condition of obtaining a new or renewed permit.

There are two online training courses linked through the Ohio Department of Health's website at www.odh.ohio.gov that will meet this requirement – one is the NFHS training program "Concussion in Sports – What you Need to Know", and the other is the National Centers for Disease Control and Prevention program "Heads Up – Concussion in Youth Sports Online Training Program." Either program will meet the requirement; both are free of charge, and they may be completed online in about an hour or less.

A certificate of completion may be printed out upon successful completion of the training, and a copy should be submitted along with the pupil activity permit application.

EFFECTIVE YEAR

The effective year for an Ohio license begins July 1, regardless of the date of issuance. When renewing you may apply after January 1 of the year the license expires.

Permit to **begin on July 1,** _____ .

MAIL TO ORGANIZATION OR INDIVIDUAL (Check only one box.)

◯ Home ◯ School District School District Name _____ IRN # ☐☐☐☐☐☐

SUPERINTENDENT SIGNATURE

I hereby request a permit for the individual named on this application.

_____ _____ _____

Signature of Ohio School Superintendent | School District | Date

APPLICANT SIGNATURE

I certify under penalty of the loss of my right to work in the schools of Ohio that the information provided on this page of the application is true and correct in every respect.

_____ _____

Signature of Applicant | Date

CHECKLIST Have you...

____ Completed each section on page 1 and page 2 and signed page 1 and page 2

____ Attached a check or money order

____ Included the Superintendent's signature

____ Completed the fingerprinting process for BCI and FBI

____ Included a copy of card/certificate or official transcripts, if necessary