

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: \$ _____

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 placing a ✓ in 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**

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.

Correct effective year to _____ **\$20**

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

Check only one box.

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.**

Approved Red Cross "Sports Injury Prevention Training"

American Sport Education Program

National Federation of State High School Association (NFHS First Aid for Coaches)

OR

Medical License. The following medical licenses are acceptable.

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

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

Please submit a copy of your license along with this application.

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 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 #

| | | | | | | |
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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