Signature of Applicant

Sept. 2012

## **Pupil Activity Permit Application (New and Renewal)**

PERSONAL INFORMATION				
SSN	Ohio Department of Education			
-OR- Educator State ID	Office of Educator Licensure 25 S. Front St., Mail Stop 105			
Birthdate Male Female	Columbus, Ohio 43215-4183			
First Name MI	This application has 2 pages to be completed. Please fill in, print and sign.			
Last Name	Please complete using black or blue ink only.			
Address				
	Please check one:			
City	New Renewal			
Home Phone Cell Phone	Correct effective year			
E-mail	Amount enclosed: \$			
Other names that may appear on official documents (maiden, etc.)				
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 Departn report, completed within 365 days of the date the application is received, must be on file at the Department of Edu				
Renewals and Additional Licenses, Certificates or Permits	acanon.			
Have you lived continuously in Ohio for the past 5 years? You	i must check one:			
○ YES ○ NO	That then one.			
	ackground checks are required if the reports on			
than 5 years old at the date the application is received. A <b>BCI</b> background file with ODE are more check is required if you do not have one on file with ODE.	than five years old on the date the application is			
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, plea under 'Reason Fingerprinted' to send to the Ohio Department of Education per the example below:	se ask the person taking the prints to check the box			
Reason Fingerprinted				
X Send to the Ohio Department of Education				
Please <b>do not</b> 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 <a href="https://www.ohioattorneygeneral.gov/Services/Business/WebCheck">www.ohioattorneygeneral.gov/Services/Business/WebCheck</a> .				
LEGAL QUESTIONS (Each question MUST be answered by placing a	in the appropriate box.)			
If you answer <b>YES</b> to any question, attach an explanation to this application. Please include the <b>year of conviction matter was heard</b> .	n, the nature of the offense and the court where the			
Yes No Have you ever been convicted of, found guilty of, pled guilty to, or pled no conte	st 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.				

Date

## **Pupil Activity Permit**

REQUEST(S)				
3-Year Pupil Activity Permit (New or Renewal)  Correct effective year to	\$45 \$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.)				
Check only one box.				
Ohio Department of Education Approved Pupil Activity Program				
Indicate Provider Number	,	or Submit a copy of your program completion of	ertificate	
Indicate Freducti Number	OR	or outsing a copy of your program completion of	or timouto.	
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"				
American Sport Education Program - "Sport First Aid"				
National Federation of State High School Association - "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), Paramedic 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		·		
Coaches must hold a valid CPR card during his/her season.     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 <b>begin on July 1,</b>				
MAIL TO ORGANIZATION OR INC	DIVIDU	AL (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	S	School District Date		
APPLICANT SIGNATURE		Sub-		
I certify under penalty of the loss of my right to work in the schools of Ol respect.	hio that the in	formation provided on this page of the application is true and correct i	n every	
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 BCl and FBl	_	Included a copy of card/certificate or official transcripts, if necessary		

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