

# Pupil Activity Permit Application

This application has two pages to be completed. Please fill in, print and sign.

Page 1 of 2 **PA**

## Personal Information

Educator ID or SSN  -  -  Birthdate

Male  Female

First Name  Middle Initial

Last Name

Address

City  State

Zip Code

E-mail

Home Phone  Cell Phone



Use this application for

## Pupil Activity Permit

**New and Renewal**

**Mail application and fee to:**  
Office of Educator Licensure  
25 South Front Street, Mail Stop 105  
Columbus, OH 43215

**Amount Enclosed \$**

### FIRST OHIO LICENSE, CERTIFICATE OR PERMIT

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

### 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 the results to the Ohio Department of Education per 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: <http://www.ohioattorneygeneral.gov/Services/Business/WebCheck>

### LEGAL QUESTIONS

Each question **MUST** be answered by selecting the appropriate box.

If you answer **YES** to any question, attach an explanation to this application.

Please indicate the **year of conviction**, the **nature of the offense**, and the **court where the matter was heard**.

#### HAVE YOU EVER ...

- |                           |                          |  |
|---------------------------|--------------------------|--|
| <input type="radio"/> YES | <input type="radio"/> NO | Been convicted of, found guilty of, pled guilty to, or pled no contest to any misdemeanor other than a traffic offense?  |
| <input type="radio"/> YES | <input type="radio"/> NO | Been convicted of, found guilty of, pled guilty to, or pled no contest to any felony?                                    |
| <input type="radio"/> YES | <input type="radio"/> NO | Had a criminal conviction sealed or expunged?  |
| <input type="radio"/> YES | <input type="radio"/> NO | Had ANY professional certificate, license, or permit, or an application for same, revoked, suspended, limited or denied? |
| <input type="radio"/> YES | <input type="radio"/> NO | Surrendered ANY certificate, license or permit, other than a driver's license?   |

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** \_\_\_\_\_

**Date** \_\_\_\_\_

**Pupil Activity Permit**

Continued

**Request(s)**

- 3 - Year Pupil Activity Permit (new or renewal) **\$ 45**
  - Correction (attach an explanation: name change, etc) **\$ 20**
  - Duplicate **\$ 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 if eligibility requirements for the license are not met.

**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**

**Medical License.** The following medical licenses are acceptable.

Medical Doctor (M.D.), Doctor of Osteopathy (D.O.), Doctor of Chiropractics (D.C.), 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**

**Nationally approved programs.** The following nationally approved programs are acceptable.

Approved Red Cross "Sports Injury Prevention Training", or  
American Sport Education Program, or  
National Federation of State High School Association (NFHS First Aid for Coaches)

**Please submit a copy of your card or certificate along with this application.**

**OR**

**College or university coursework completed** within the past 3 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. Each applicant must hold a valid CPR card during their coaching season.
  2. Each applicant will need to complete the NFHS "Fundamentals of Coaching" class (one time only).
- You do not need to send copies of this class certificate or your CPR card with your application; however, they must be on file with your school district.**

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

\_\_\_\_\_  
Signature of Ohio School Superintendent

\_\_\_\_\_  
School District

\_\_\_\_\_  
Date

**EFFECTIVE YEAR**

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

Permit to begin on July 1,

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

Home Address

School District

School District Name

IRN #

**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** \_\_\_\_\_

**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

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