**3301-27-01 Qualifications to Direct, Supervise or Coach a Pupil Activity Program**

*FINGERPRINTS -BCI and FBI checks are valid for 365 days from the date the check was completed. ALL applicants are required to submit an Ohio BCI civilian background check AND a FBI background check from the Federal Bureau of Investigation****. 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.***

**Additional Coaching Requirements to coach in the State of Ohio – verified by the hiring authority**

* Successful completion of an approved cardiopulmonary resuscitation (CPR) training course evidenced by a currently valid certificate;
* Completion of the [National Federation of State High School Associations](http://www.nfhslearn.com/) (NFHS) fundamentals of coaching class (one time only).
* Completion of Concussion Training
* Safe Account

***Pre-Registration***

**Pupil Activity First Aid Course Only** **$25.00**

***CPR Course $25.00***

***\*\*\*No Refunds\*\*\****

**Registration Information:**

Pupil Activity First Aid Applicants can either register by mailing back the form or register at the door.

CPR Applicants must be **PRE-REGISTERED** for the CPR class. This class is limited. Registration must be received by Tuesday January 13, 2016

**NO WALKINS ACCEPTED – If class fills before registration deadline you will be notified.**

**Payment must be received with Registration**

Registration forms can be mailed to:

Ontario High School

Attn: Kris Knapp

467 Shelby-Ontario Rd.

Mansfield, Ohio 44906

**Questions:**

Contact Kris Knapp @ 529-3969

(school); email knapp.kris@ontarioschool.org

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ODE PUPIL ACTIVITY FIRST AID/CPR Course

Ohio High School Baseball Coaches Association

 **Saturday** **January 23, 2016**

 **Hyatt Regency, Columbus, Ohio**

 **8:30– 10:30 a.m. Pupil Activity 10:30 – 12:30 p.m. CPR**

FIRST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MID INITIAL\_\_\_\_\_\_

LAST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SOCIAL SECURITY #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIPCODE\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHOOL DISTRICT COACHING AT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Indicate Session(s) and Location

**Sessions @ Hyatt Regency Hotel** \_\_\_\_\_\_\_\_\_

*Saturday January 23, 2016*

Pre – Registration Pupil Activity Clinic $30.00

Pre – Registration CPR Course $30.00

Please indicate which sessions you are attending and include payment with applications. All checks should be made to Ontario Sports Medicine.

 8:30 a.m. – 10:30 a.m. Pupil Activity

 10:30 a.m. – 12:30 p.m. CPR

***MAKE ALL CHECKS PAYABLE TO ONTARIO SPORTSMEDICINE – Office Use***

***Check Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cash\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***