**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).

***Registration***

Pupil Activity First Aid Course Only **$30.00**

***CPR Course $30.00***

***\*\*\*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 8, 2013

**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 ext. 1415 (school); email [knapp.kris@ontarioschools.org](mailto:knapp.kris@ontarioschool.org)

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ODE PUPIL ACTIVITY FIRST AID/CPR Course

Ohio High School Baseball Coaches Association

**Saturday** **January 18, 2014**

**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 18, 2014*

Pupil Activity Clinic $30.00 \_\_\_\_\_\_\_\_\_

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