

GENERAL INSTRUCTIONS:

NORMAL PROCESSING TIME IS three to four weeks. Failure to properly complete this form or to include necessary support documents will result in a considerable processing delay.

1. Complete all sections of the form.
2. Enclose a money order or personal check payable to "Ohio TEC". Cash is **NOT** accepted.
3. Application may not be submitted prior to January 1 of the effective year requested in area F.
4. Area B-1: Applications cannot be processed until verification has been received from the provider.
5. Area B-2, 3, 4: Include documentation requested if making application based on completion of academic work comparable national program, or holding a medical license as specified on the application.
6. **Section F: FINGERPRINTS** -ALL applicants are required to submit an Ohio Civilian background check. For more information on how to complete this electronic process, please visit http://www.webcheck.ag.state.oh.us/national_webcheck.htm.
In addition to the Ohio Civilian background check, applicants who have not lived continuously in Ohio for the past 5 years must also submit a background check from the Federal Bureau of Investigation. WebCheck does not provide background information to the Federal Bureau of Investigation. FBI background information may be obtained by submitting the request to BCI, accompanied by the appropriate fee and a completed FBI fingerprint card containing traditional "rolled" fingerprints. The Office of Educator Licensure will provide the card for you upon your request at 614/466-3593.

The completed FBI card should be mailed to: PO Box 365, London, OH 43140, along with a money order (only) for \$24.00, made payable to: Treasurer State of Ohio.

If you have submitted prints but this office has not received the results, please contact the Ohio Bureau of Criminal Identification and Investigation at 740-845-2375 for assistance with having your results electronically reported to our office. Please have the name or social security number of applicant, or the transaction number available for the BCI staff.

7. Identification of social security number is voluntary. The number will be used to maintain the master file, and assure prompt and proper processing of certification documents. The number will not be used for any other purpose.

CORRECTIONS:

A correction is a change of name, address, social security number, or error on an existing permit. Send the permit (not a copy) to this office with a signed letter indicting the error or the changes to be made. The fee for a correction is \$10.00.

DUPLICATES:

One may apply for a duplicate of a lost certificate by checking the appropriate box on the application in Section E. The fee for a duplicate is \$10.00.

Application status may be checked on the web site at:

www.ode.state.oh.us.

Use the search option to access EDUCATOR PROFILE.



APPLICATION FOR PUPILACTIVITY SUPERVISOR PERMIT

Ohio Department of Education
Office of Educator Licensure
Pupil Activity
25 South Front Street, Mail Stop 105
Columbus, Ohio 43215-4183

(614) 466-3593

USE THIS APPLICATION ONLY FOR PUPIL ACTIVITY SUPERVISOR PERMIT

A Social Security Number or Educator ID Number

____-____-_____

Last Name

M.I.

First Name

Gender

Birthdate

____/____/____

M F Month Day Year

Other names (maiden, etc) which may appear on any official records: _____

Address

City

State

Zip Code

B Indicate how the requirement for Pupil Activity Permit is being met: **(CIRCLE ONLY ONE OPTION)**

1. Ohio Department of Education Approved Program. Indicate Provider Number: _____

Other Options:

- 2. License (M.D., D.O., D.C., R.N., EMT, A.T.C.). Submit copy of license and documentation of first aid taken within two years of the date of application.
- 3. Comparable national programs. (American Red Cross Sport Safety Training/American Sport Education Program.) Submit copy of certificate.
- 4. College/University coursework. Submit official transcript(s) and syllabus(i) of coursework taken to fulfill requirement.

C Complete the following:

- 1. 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
- 2. Have you ever been convicted of, found guilty of, pled guilty to, or pled no contest to any felony? Yes No
- 3. Have you ever had a criminal conviction sealed or expunged? Yes No
- 4. Have you ever had ANY certificate, license, or permit, or an application for same, revoked, suspended, limited, or denied? Yes No
- 5. Have you ever surrendered ANY certificate, license, or permit? Yes No

If you answered YES to any question, attach explanation to this application.

Please include the year of conviction, the nature of the offense, and the court where the matter was heard

D CHECK ONLY ONE

- New Fee: \$21.00
- Renewal Fee: \$21.00
- Correction Fee: \$10.00
(attach an explanation)
- Duplicate. Fee: \$10.00

E Indicate the effective date:
(Refer to General Instructions #3)

Three-year Pupil Activity Permit
to begin on: July 1, _____
Year

F Have you lived continuously in Ohio for the past five years?

Yes No

ALL applicants MUST complete and submit BCI fingerprints.

Also, if you answered "No", you must submit **both** a BCI and a FBI fingerprint report.

See requirements in the General Instructions.

H Mail certificate to: **(CHECK ONLY ONE)**

- Applicant's Address
- Ohio School District: **IRN #** _____

District Name _____

Address _____

G _____
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Signature of Applicant

Daytime Telephone Number

Date