

GENERAL INSTRUCTIONS:

NORMAL PROCESSING TIME IS 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 "Treasurer, State of Ohio". 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, other programs listed in #3, or holding a medical license as specified on the application.

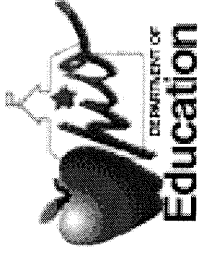
CORRECTIONS:

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 indicating 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 Educator ID Number or Social Security Number _____

Last Name _____ M.I. _____ First Name _____ Gender M F Birthdate _____

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.

3. American Red Cross Sport Safety Training, or American Sport Education Program, or NFHS First Aid for Coaches. **SUBMIT A COPY OF THE CERTIFICATE**

4. College/University coursework. Submit official transcript(s) and syllabus(i) of coursework taken to fulfill requirement.

C LEGAL QUESTIONS Each Question MUST be answered by placing a **X** in the appropriate box

If you answer **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**

YES	NO	HAVE YOU EVER
		Been convicted of, found guilty of, pled guilty to, or pled no contest to any misdemeanor other than a traffic offense?
		Been convicted of, found guilty of, pled guilty to, or pled no contest to any felony?
		Had a criminal conviction sealed or expunged?
		Had ANY professional certificate, license, or permit, or an application for same, revoked, suspended, limited, or denied?
		Surrendered ANY certificate, license, or permit?

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. 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 Teacher Cert per example below:

Reason Fingerprinted
 Send to Teacher Cert
 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.webcheck.oh.state.oh.us/national_webcheck.htm.

If the WebCheck you use does not have FBI capability you must complete an FBI fingerprint card containing traditional "rolled" fingerprints. The Office of Educator Licensure will provide the card and instructions for you upon your request at 614/466-3593.

D Signature of Applicant _____ () _____

Daytime Telephone Number _____ Date _____

E **CHECK ONLY ONE**

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

Indicate the effective date:
 (Refer to General Instructions #3)
 Three-year Pupil Activity Permit
 to begin on: July 1, _____ Year _____

F

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

Applicant's Address
 Ohio School District: IRN # _____

District Name _____
 Address _____