# Pupil-Activity Permit
# First Aid Program Providers

## Office of Educator Licensure and Effectiveness

April 2025

State Board of Education

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State Board of Education

# Introduction

Ohio law[1] requires the State Board of Education to adopt rules establishing standards and requirements for obtaining a pupil-activity permit. The pupil-activity permit is necessary for all individuals who wish to direct, supervise or coach a program in Ohio schools involving athletics, routine or regular physical activity, or health and safety considerations, whether it is done on a paid or volunteer basis.

Additionally, Ohio law[2] prescribes standards to assure the competence of individuals to direct, supervise or coach a pupil-activity program, as well as the requirements for obtaining a pupil-activity permit. Included in this rule is the requirement to complete an approved first aid/first response program. This packet contains information and the application for pupil-activity program first aid providers.

[1]ORC 3319.303
[2]OAC 3301-27-01

# Pupil-Activity First Aid Program Providers

## Purpose

Completion of a State Board of Education approved pupil-activity first aid training program is a means of documenting that an individual has met requirements in accordance with Ohio law[1]. The curriculum of an approved two-hour pupil-activity first aid program is designed to be first aid/first response. The curriculum focuses on knowledge of first aid for a wide variety of coaches, directors or supervisors of pupil-activity programs. Providers report to the Office of Educator Licensure and Effectiveness those persons who completed the program requirements. In turn, the Office of Educator Licensure and Effectiveness maintains records of those individuals.

## Pupil-Activity First Aid Training Program Criteria

Programs offered to meet the State Board of Education's requirements for the pupil-activity permit will:

1. Meet the curriculum as specified for the pupil-activity first aid training program;
2. Meet the educations needs of the intended audience;
3. Have clear goals and learning outcomes;
4. Employ appropriate content, methods and delivery systems; and
5. Have effective learning assessment procedures.

## Eligible Providers

Provider status is contingent upon compliance with the provisions set forth in these guidelines. The Office of Educator Licensure and Effectiveness shall approve a provider of pupil-activity first aid programs on an annual basis (July 1 – June 30).

Providers of the pupil-activity first aid programs may include, but are not limited to:

- Professional associations and organizations
- Colleges and universities
- School districts
- For-profit sports medicine centers
- Private ATC/LAT
- Hospitals and other health service organizations
- State agencies

[1]OAC 3301-27-01

## Definition of Terms

**ATC:** a nationally recognized athletic trainer certified by the National Athletic Trainers' Association

National Athletic Trainers' Association
1620 Valwood Parkway, Suite 115
Carrollton, TX 75006
www.nata.org

**Approval Year:** July 1 – June 30

**Approval Request Form:** a program plan submitted to seek approval from the Office of Educator Licensure and Effectiveness for pupil-activity first aid training programs

**IRN Number:** the information retrieval number used as a unique identifier of a school-related entity in Ohio

**LAT:** an athletic trainer licensed by the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board

Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board
77 S. High Street; 16th Floor
Columbus, OH 43215-6108
Phone: (614) 466-3774
otptat.ohio.gov

**Physician:** a doctor licensed to practice medicine and prescribe drugs in the state of Ohio, including doctors of medicine (MD) and doctors of osteopathy (DO)

**Provider:** an entity approved to offer first aid programs for one fiscal year (for which approval forms have been submitted)

**Pupil-Activity Permit:** a credential issued by the State Board of Education to an individual who completes requirements for the pupil-activity permit and who submits an application and fees and completes required criminal background checks

**OHID Account:** an individual login to the State Board of Education's website required of providers to enter and maintain their completed class rosters

**NFHS:** The National Federation of State High School Associations
PO Box 690
Indianapolis, IN 46206
(317) 972-6900
nfhslearn.com

**OHSAA:** The Ohio High School Athletic Association
4080 Roselea Place
Columbus, OH 43214
Phone: (614) 267-2502
www.ohsaa.org

## Content Requirements

The pupil-activity first aid program is two hours in length, exclusive of registration, breaks and meals. Speakers should be selected based on their expertise in the specific, identified topic or component area. ALL AREAS IN EACH TOPIC MUST BE COVERED.

## Topics

### Recognizing Signs of Common Injuries/Health Concerns (minimum 90 minutes)

- Environmental Safety
  - Heat injuries and illnesses
  - Lightning
  - Cold weather concerns
  - Tornado
- Life Threatening and Non-Life-Threatening Injuries
  - Airway obstruction (to be covered more in depth in the additional required CPR training)
  - Respiratory failure (to be covered more in depth in the additional required CPR training)
  - Cardiac arrest (to be covered more in depth in the additional required CPR training)
  - Cranial-cerebral injury
  - Cervical injury
  - Contusions
  - Fractures
  - Sprains and Strains
  - Dislocations
- Health Concerns
  - Asthma
  - Diabetes
  - Allergic reactions (food, insect, etc.)
  - Skin conditions and infections
  - Contagious and communicable diseases
  - Nutrition and hydrations
  - Nutrition supplements
  - Tobacco
  - Recognition of the drug or alcohol-impaired athlete

### Emergency Planning (minimum 20 minutes)

- Procedures For Locating the Nearest Telephone When Traveling to a New Facility
  - Determine how to access the “land line” in the event cellular service is unavailable.
  - Determine if a key is required to access the location of the “land line.”
- Procedures For Assigning an Individual to Call EMS (911) In an Emergency
- Procedures For Calling 911
  - Clearly explain who you are and where you are.
  - Explain what has happened.
  - Give directions.
  - Provide phone numbers, if available.
  - Stay on the line and meet the EMS.
- Preparation of a List of Necessary Phone Numbers to Carry (Team Physician, Athletic Trainer, Nearby Emergency Room, Ambulance Company, EMT or Paramedics)
- Procedures for Student Athlete Emergency Medical Cards
  - Make sure all current emergency contact cards for athletes are on file.
  - Determine where the emergency contact cards are stored and how they are accessed.
  - Determine who is responsible for the emergency contact cards and designate a back-up for this individual.

- Procedures for Communicating with the Affected Athlete's Family
    - Determine who will contact the family and at what point the contact will be made.
    - Determine when to release an injured student to a family member vs. calling EMS.
- Procedures for Locating the Nearest Automated External Defibrillator (AED)

## R.I.C.E. Method (minimum 10 minutes)

- **R**est
- **I**ce
- **C**ompression
- **E**levation

NOTE: The minimum time involvement of a physician, Ohio licensed ATC or Ohio licensed EMT is 60 minutes. Time segments must meet minimum mandates. Increase the time of each section to provide broader coverage of the topic, if necessary.

# Pupil-Activity First Aid Training Seminar Procedural Requirements

## Step 1 – Submit Pupil-Activity First Aid Training Provider Application and Documents (Appendixes 1-5)

Providers must submit applications annually on a fiscal year basis (July 1 – June 30). Information provided on the application helps the Office of Educator Licensure and Effectiveness determine if providers are meeting the criteria set forth in Ohio Revised Code and Ohio Administrative Code. When completing the application, agencies must establish evidence that they are experienced providers of first aid programs.

Providers approved to offer first aid programs will receive an approval email that will include their assigned provider number for that fiscal year. Upon receipt of this provider notification, the provider will have the authority to submit program approval request forms to the Office of Educator Licensure and Effectiveness.

An annual fee of $25 must accompany the application. A check or money order must be made payable to Treasurer, State of Ohio.

An OHID account is required to become a pupil-activity provider. Please visit the Online CORE License System FAQs webpage to access the CORE User Manual for instructions to sign up for an OHID account: https://sboe.ohio.gov/educator-licensure/information-and-resources/online-core-license-system-faqs.

- **Pupil-Activity First Aid Training Program Curriculum Requirements Form**, which includes:
  - Topic information
  - Number of minutes allotted
  - Teaching strategies
- **Pupil-Activity First Aid Training Program Presenter Information Form**, including credentials (MD, DO, ATC, LAT, RN, EMT)
- **Pupil-Activity First Aid Training Program Presenter Eligibility Information Form**
- **Pupil-Activity First Aid Training Program Provider Compliance Assurances Form**:
  - Program presenters will be from those on file with the Office of Educator Licensure and Effectiveness.
  - One hour of the two-hour program will be conducted by an MD, DO, ATC, LAT, or EMT.
  - Teaching strategies will be as identified.
  - The curriculum will be based on sources indicated.
  - The program will be publicized as specified on the program request application.

Once approved, providers will receive a verification email and directions on the process to begin adding programs and reporting the names and identifying information of each person who has fulfilled program requirements.

## Step 2 – Submit Pupil-Activity First Aid Training Program Approval Request Form

Providers are approved to offer programs for one fiscal year and must submit an approval request form for each date or series of dates a seminar is scheduled. Program dates may be added any time throughout the year. Providers must complete and submit the forms listed below four weeks before the date of the first program.

In addition, providers must give participants documentation of attendance that serves until such time that the pupil-activity permit is issued.

## Reporting Requirements

Providers must report participant information to the Office of Educator Licensure and Effectiveness within ten business days of program completion, using reporting procedures specified by the Office of Educator Licensure and Effectiveness.

Please note that those who do not attend the entire program or who in any way fail to comply with seminar standards are ineligible to receive credit for the program.

## Evaluation of Programs

The State Board of Education may conduct random on-site evaluations of programs as a means to assess individual programs, as well as for evaluation of the function of the provider's education agency as a whole.

## Important Reminders

- Contact time – is based on a 60-minute hour. Registration, breaks, lunch and business meetings are not included in the tabulation of contact hours.
- **Provider IRN – should be referenced in all communications (written and telephone) and is assigned each fiscal year (July 1 – June 30).**

## Provider Responsibilities

- Submit seminars for approval according to the Office of Educator Licensure and Effectiveness' guidelines.
- Conduct seminars in accordance with guidelines, meeting minimum time frames and incorporating topics as specified.
- Assure that a physician or athletic trainer (ATC, LAT or EMT) is present for the minimum time specified (one hour of the two-hour program).
- Publicize program and register participants.
- Report attendance within ten business days of completion of the program.
- Maintain program participant information for a period of three years.

# Accessing CORE

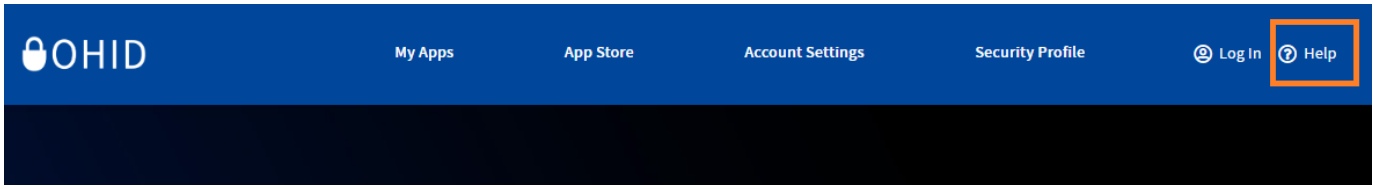
## Create an OHID Account

Access to the Connected Ohio Records for Educators (CORE) system is available through the OHID portal. The OHID portal is an identity solution from the InnovateOhio Platform. The goal of OHID is to create one simple and secure location for all Ohio citizens to access information and conduct business with the State of Ohio. Through OHID, school district personnel and applicants can access all statewide applications in a more secure, streamlined way.

**New users must create an OHID account and a user profile and request an Educator State ID number to access the CORE system.** Begin by navigating to https://ohid.ohio.gov/. Please review all instructions in the **CORE User Manual** housed on the Online CORE License System FAQs webpage.

## OHID Account Help

Should you need any assistance with your OHID account, including editing your profile, changing your password or setting up your security options, simply click the **Help** icon at the top of your OHID account screen.

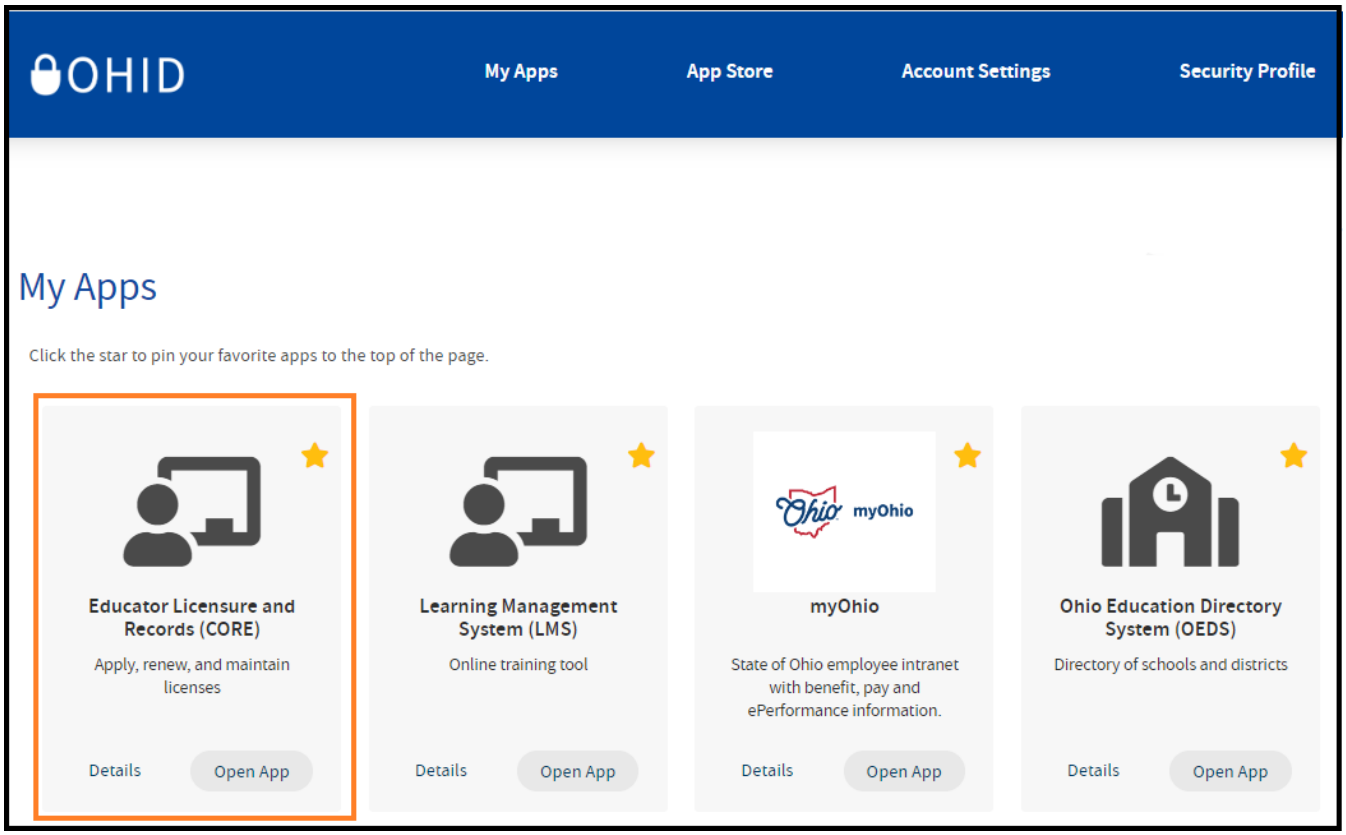



(**Figure 1** OHID Help Icon)

From the OHID Help page, you can look up how to edit your profile, change your password or make changes to your personal information.

## Access the CORE System

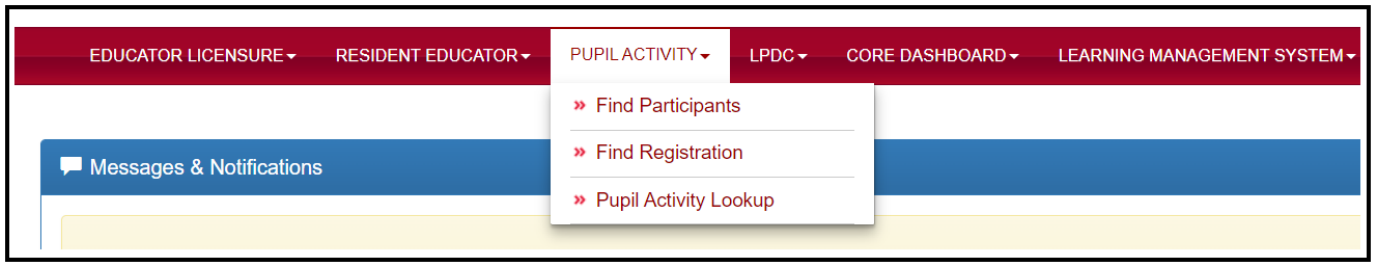
Once you have set up your OHID account and created your user profile, you may log in and access the CORE system. Navigate to https://ohid.ohio.gov/ and log in to your OHID account. Then click **Open App** in the Educator Licensure and Records (CORE) app to access your CORE Dashboard.




(**Figure 2** Educator Licensure and Records (CORE) App)

## Pupil-Activity Training Information

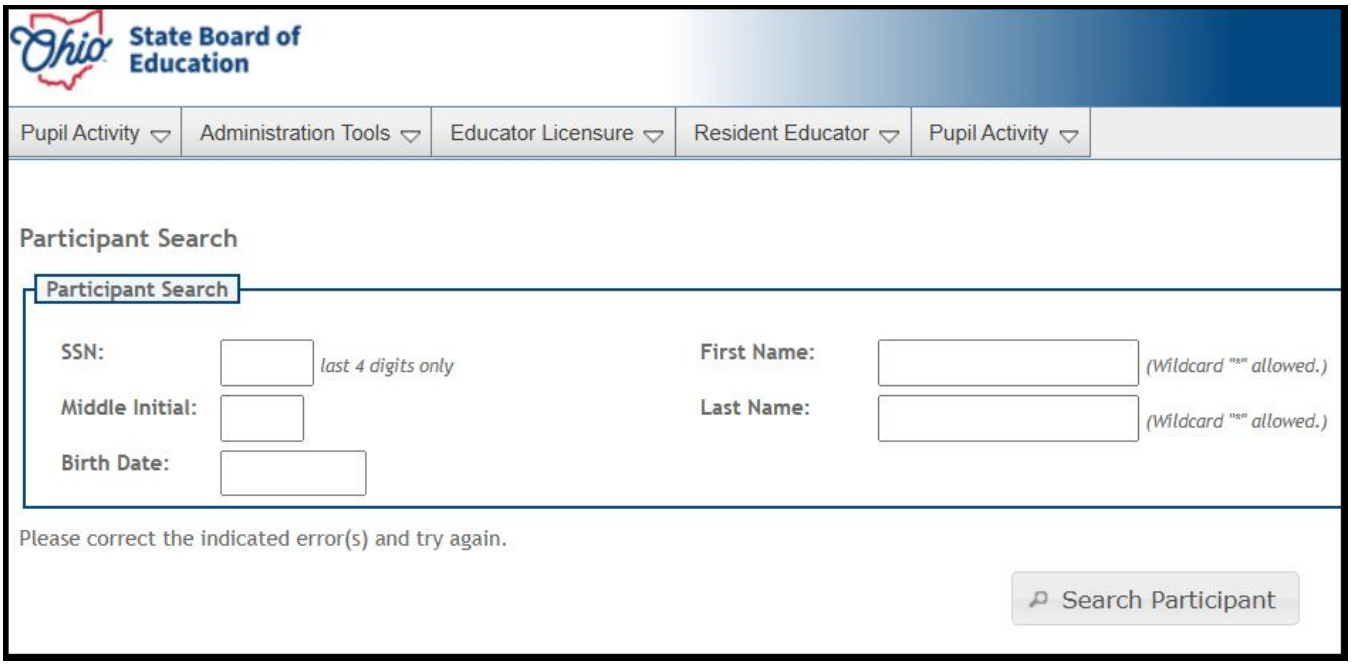
School districts, pupil-activity permit holders, and pupil-activity providers may access State Board of Education-approved pupil-activity first aid training program information from their CORE Dashboards. Log in to your OHID account and select the Educator Licensure and Records (CORE) app. Then click **Pupil Activity** in the red ribbon at the top of your CORE Dashboard.




(**Figure 3** Pupil Activity Drop Down Menu)

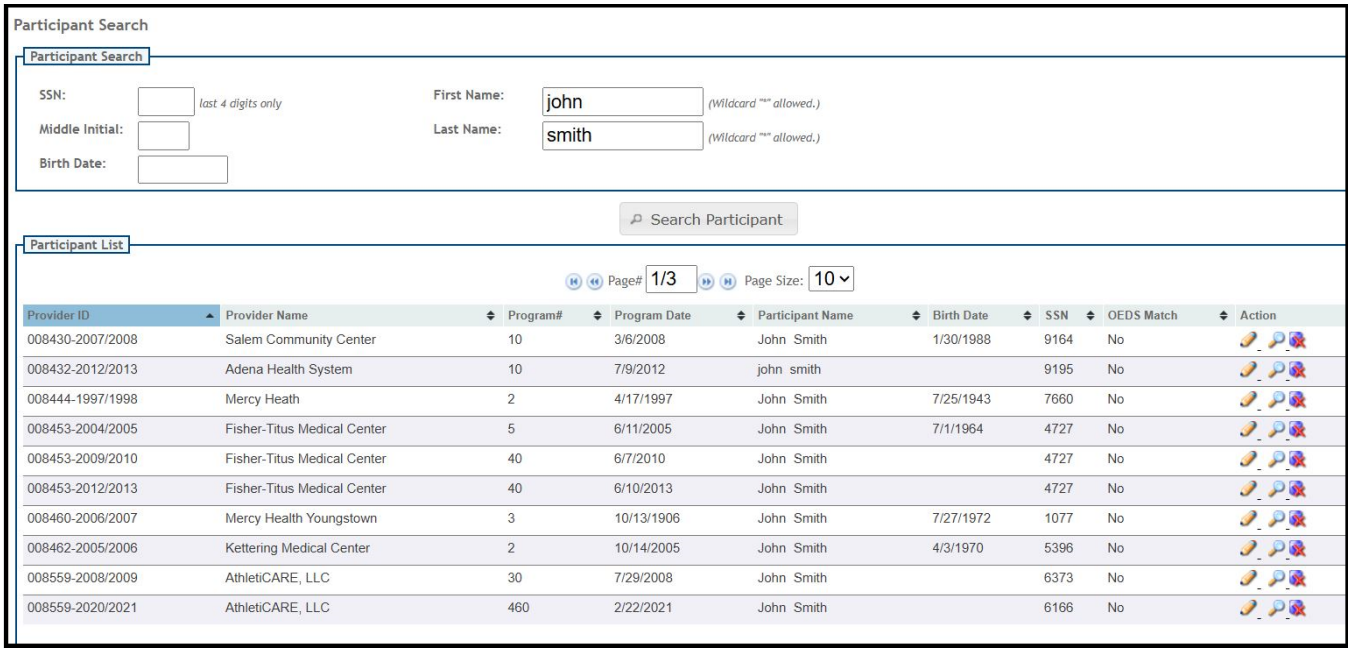
## School Districts

School districts may verify an individual's completed State Board of Education-approved pupil-activity first aid training program by clicking **Find Participants** from the **Pupil Activity** drop down list. Enter the candidate's information in the **Participant Search** screen that appears. Then click **Search Participant**.




(**Figure 4** Participant Search Screen)

If the candidate has completed the State Board of Education-approved pupil-activity first aid training program, the screen will populate with the provider's ID and name, training date, and the participant's information.

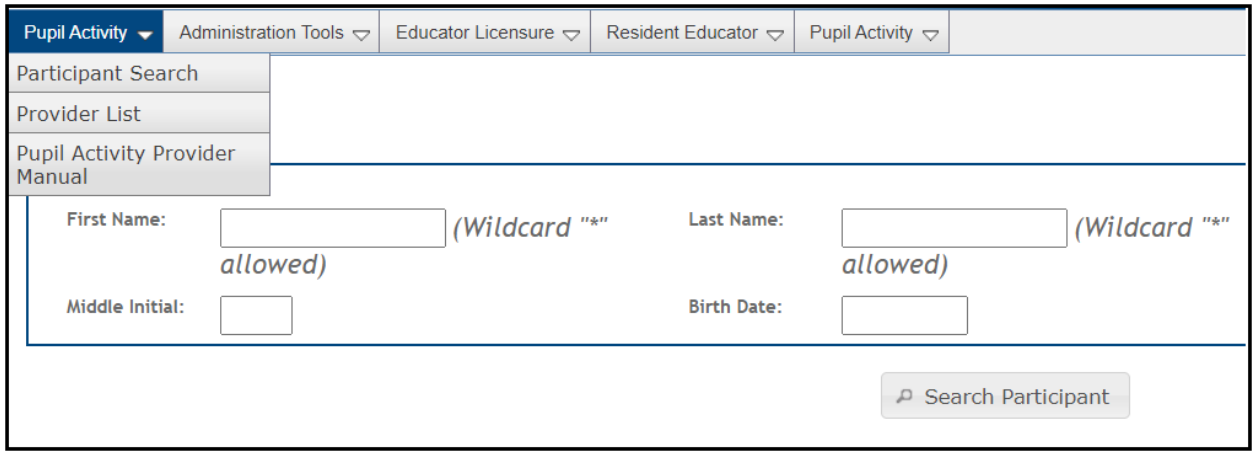



| Provider ID | Provider Name | Program# | Program Date | Participant Name | Birth Date | SSN | OEDS Match | Action |
|---|---|---|---|---|---|---|---|---|
| 008430-2007/2008 | Salem Community Center | 10 | 3/6/2008 | John Smith | 1/30/1988 | 9164 | No | |
| 008432-2012/2013 | Adena Health System | 10 | 7/9/2012 | john smith | | 9195 | No | |
| 008444-1997/1998 | Mercy Heath | 2 | 4/17/1997 | John Smith | 7/25/1943 | 7660 | No | |
| 008453-2004/2005 | Fisher-Titus Medical Center | 5 | 6/11/2005 | John Smith | 7/1/1964 | 4727 | No | |
| 008453-2009/2010 | Fisher-Titus Medical Center | 40 | 6/7/2010 | John Smith | | 4727 | No | |
| 008453-2012/2013 | Fisher-Titus Medical Center | 40 | 6/10/2013 | John Smith | | 4727 | No | |
| 008460-2006/2007 | Mercy Health Youngstown | 3 | 10/13/1906 | John Smith | 7/27/1972 | 1077 | No | |
| 008462-2005/2006 | Kettering Medical Center | 2 | 10/14/2005 | John Smith | 4/3/1970 | 5396 | No | |
| 008559-2008/2009 | AthletiCARE, LLC | 30 | 7/29/2008 | John Smith | | 6373 | No | |
| 008559-2020/2021 | AthletiCARE, LLC | 460 | 2/22/2021 | John Smith | | 6166 | No | |

(**Figure 5** Participant Search Results Screen)

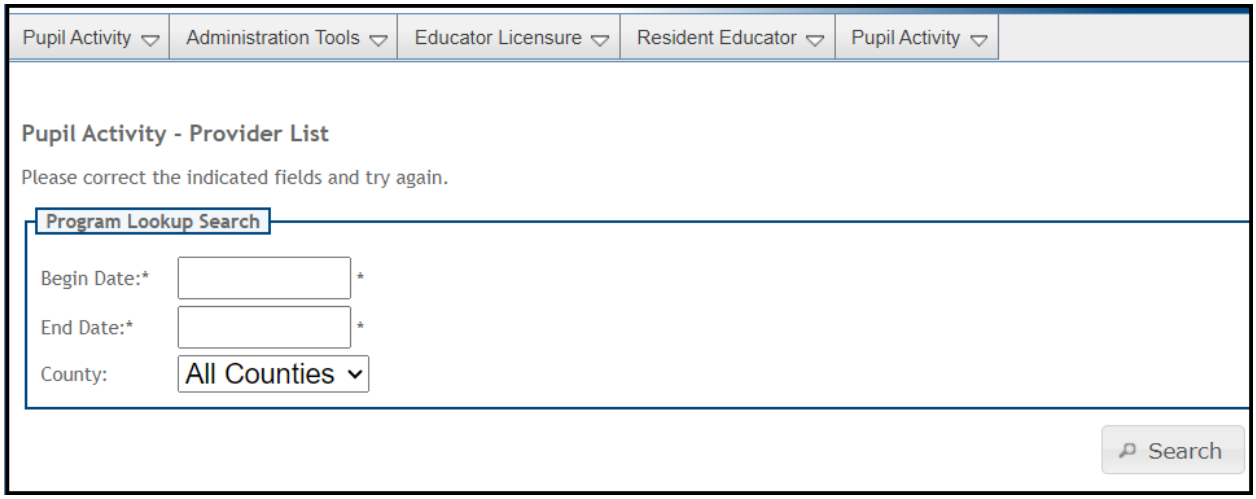
## Pupil-Activity Permit Candidates

Coaches and other pupil-activity candidates may search for the next available State Board of Education-approved pupil-activity first aid training sessions. Click **Pupil Activity** in the red ribbon at the top of your CORE Dashboard. Then select **Pupil Activity Lookup** (see figure 3 on page 10). On the next screen click **Provider List**.




(**Figure 6** Provider List Drop Down)

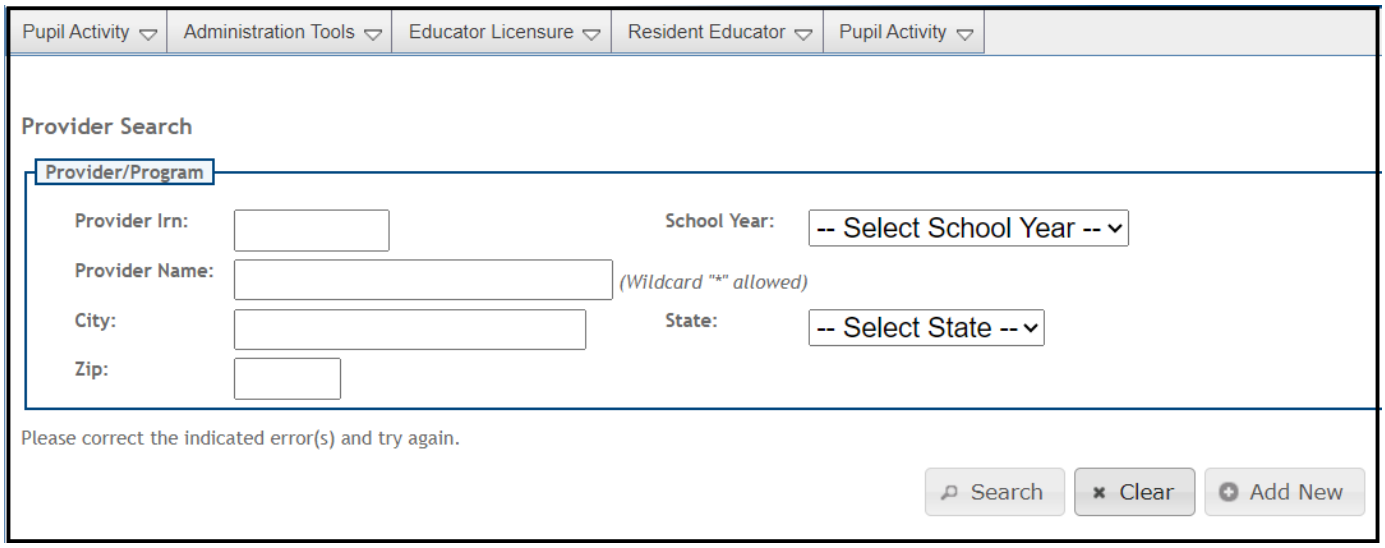
Then enter the search terms (Begin Date, End Date and County) and click **Search** to find an upcoming training session nearest you. The search results will include the provider name, training dates, location, and contact information.




(**Figure 7** Program Search Screen)

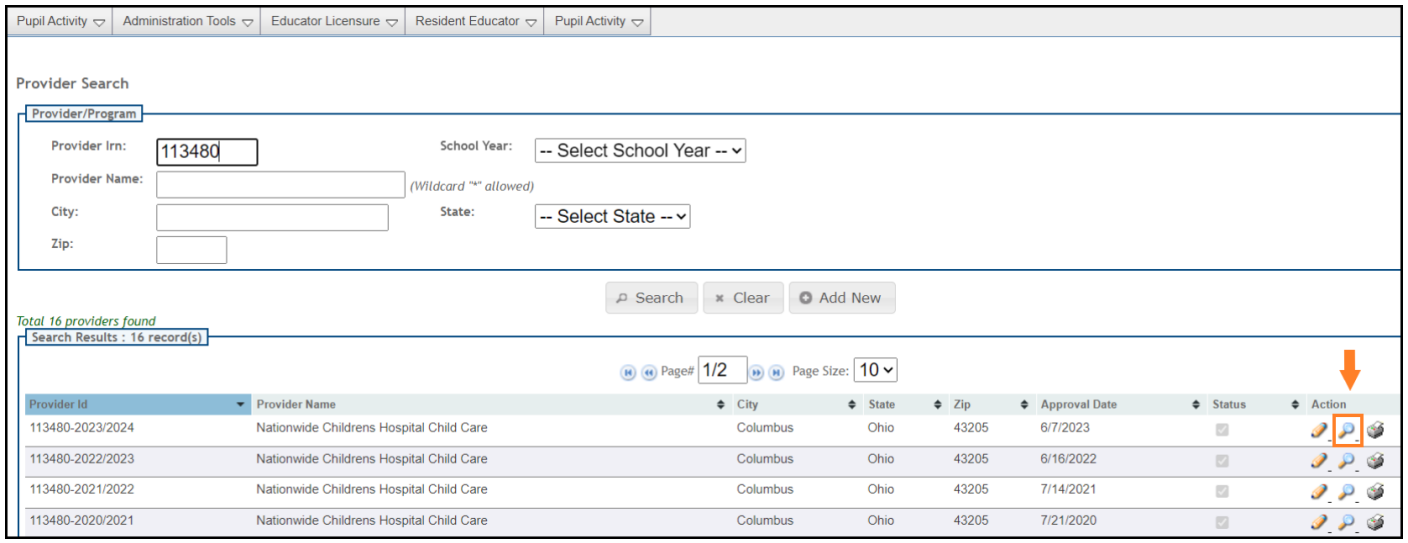
## Pupil-Activity First Aid Training Providers

Note that pupil-activity first aid training providers must have the OEDS role “Coordinator – Pupil Activity” to register participants and edit training program information. To access program information click **Find Registration** from the **Pupil Activity** drop down list, click (see figure 3 on page 10). When the **Provider Search** screen appears, enter your provider IRN or name and the school year. Then click **Search**.




(**Figure 8** Provider Search Screen)

Once your provider information populates, click the magnifying glass to the far right (under **Action**) to access the training information for the requested school year.




(**Figure 9** Programs by Provider Screen)

You may verify and edit information for each training in the Programs by Provider screen that populates.

- Click the pencil icon under **Action** to edit contact information, training date, time, and location.
- Click the magnifying glass under **Action** to view and edit the participant list for the training selected.
- Click **Add New** to add a training.

**Appendix 1**

# Pupil-Activity First Aid Training Provider Application

An annual fee of $25 must accompany the application. A check or money order must be made payable to Treasurer, State of Ohio. Mail completed form to Office of Educator Licensure and Effectiveness; William Green Building; 30 W. Spring Street, 12th Floor; Columbus, OH 43215.

**Please check one**: ☐ Initial ☐ Renewal ☐ Update (Coordinator info only)

**Fiscal year for which you are applying:**

## PART I. Identifying Information

| | |
|---|---|
| **Provider Name** | **Provider IRN (for renewals or corrections only)** |
| **Mailing Address** | |
| **City** | **State and Zip Code** |
| **County** | |
| **Pupil-Activity Coordinator Name** | |
| **Pupil-Activity Coordinator Email** | **Pupil-Activity Coordinator Phone Number** |
| **Pupil-Activity Coordinator DOB** | **Last 4 Digits of Pupil-Activity Coordinator SSN** |

## PART II. Compliance Assurance

Upon approval of this application, I assure the State Board of Education of Ohio that the agency of which I am the executive officer will comply with the provisions of section 3301-27-01 of the Ohio Administrative Code.

Chief Executive Officer, Applicant Agency Signature Date

## State Board of Education Use Only

Approval Period to June 30,

Pupil-activity Provider IRN

Signature of Approved Pupil-Activity Administrator, State Board of Education

**Appendix 2**

# Pupil-Activity First Aid Training Curriculum Requirements

The pupil-activity first aid/first response program is a minimum of two (2) hours in length, exclusive of registration, breaks and meals. Speakers should be selected on the basis of their expertise in the specific, identified topic or component area. ALL AREAS IN EACH TOPIC MUST BE COVERED.

PLEASE NOTE that the minimum time involvement of a physician, Ohio Licenses Athletic Trainer, or Ohio Licensed Emergency Medical Technician is 60 minutes. Time segments must meet minimum mandates. The time of each section may be increased to provide broader coverage of the topic.

## TOPIC 1 – RECOGNIZING SIGNS OF COMMON INJURIES AND HEALTH CONCERNS (MIN. TIME: 90 MINUTES)

THIS TOPIC MUST INCLUDE THE FOLLOWING:

- Environmental Safety
  - Heat injuries and illnesses
  - Lightning
  - Cold weather concerns
  - Tornado
- Life Threatening and Non-Life-Threatening Injuries
  - Airway obstruction*
  - Respiratory failure*
  - Cardiac arrest*
  - Cranial-cerebral injury
  - Cervical injury
  - Contusions
  - Fractures
  - Sprains and Strains
  - Dislocations

  *To be covered more in depth in additional required CPR training
- Health Concerns
  - Asthma
  - Diabetes
  - Allergic reactions (food, insect, etc.)
  - Skin conditions and infections
  - Contagious and communicable diseases
  - Nutrition and hydrations
  - Nutrition supplements
  - Tobacco
  - Recognition of the drug or alcohol-impaired athlete

| TOPIC 1 – RECOGNIZING SIGNS OF COMMON INJURIES AND HEALTH CONCERNS (MIN. TIME: 90 MINUTES) | |
|---|---|
| **SOURCE OF CURRICULUM** | **TEACHING STRATEGY** |
| | ☐ Lecture |
| | ☐ Discussion |
| | ☐ Video |
| | ☐ Hands-on Application |
| | ☐ Handouts |
| | ☐ Other (please list): |

## TOPIC 2 – EMERGENCY PLANNING (MIN. TIME: 20 MINUTES)

THIS TOPIC MUST INCLUDE THE FOLLOWING:

- Procedures For Locating the Nearest Telephone When Traveling to a New Facility
  - Determine how to access the “land line” in the event cellular service is unavailable.
  - Determine if a key is required to access the location of the “land line.”
- Procedures For Assigning an Individual to Call EMS (911) In an Emergency
- Procedures For Calling 911
  - Clearly explain who you are and where you are.
  - Explain what has happened.
  - Give directions.
  - Provide phone numbers, if available.
  - Stay on the line and meet the EMS.
- Preparation of a List of Necessary Phone Numbers to Carry (Team Physician, Athletic Trainer, Nearby Emergency Room, Ambulance Company, EMT or Paramedics)
- Procedures for Student Athlete Emergency Medical Cards
  - Make sure all current emergency contact cards for athletes are on file.
  - Determine where the emergency contact cards are stored and how they are accessed.
  - Determine who is responsible for the emergency contact cards and designate a back-up for this individual.
- Procedures for Communicating with the Affected Athlete’s Family
  - Determine who will contact the family and at what point the contact will be made.
  - Determine when to release an injured student to a family member vs. calling EMS.
- Procedures for Locating the Nearest Automated External Defibrillator (AED)

| TOPIC 2 – EMERGENCY PLANNING (MIN. TIME: 20 MINUTES) | |
|---|---|
| **SOURCE OF CURRICULUM** | **TEACHING STRATEGY** |
| | ☐ Lecture |
| | ☐ Discussion |
| | ☐ Video |
| | ☐ Hands-on Application |
| | ☐ Handouts |
| | ☐ Other (please list): |

## TOPIC 3 – R.I.C.E. METHOD (MIN. TIME: 10 MINUTES)

THIS TOPIC MUST INCLUDE THE FOLLOWING:

- Rest
- Ice
- Compression
- Elevation

| TOPIC 3 – R.I.C.E. METHOD (MIN. TIME: 10 MINUTES) | |
|---|---|
| **SOURCE OF CURRICULUM** | **TEACHING STRATEGY** |
| | ☐ Lecture |
| | ☐ Discussion |
| | ☐ Video |
| | ☐ Hands-on Application |
| | ☐ Handouts |
| | ☐ Other (please list): |

**Appendix 3**

# Pupil-Activity First Aid Training Program Presenter Information

Please list the presenters and their qualifications. Your agency must select presenters from this list to conduct the first aid/first response programs. You must also complete and submit the **Curriculum Requirements** and **Program Provider Compliance Assurances** forms with your application.

| Presenter | Degree | License Number |
|---|---|---|
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**Appendix 4**

# Pupil-Activity First Aid Training Program Presenter Eligibility Information

Describe how the first aid training relates to the applicant agency's mission or purpose:

Number of years agency has been providing educational programs:

Document previous experience as a provider of first aid or other educational seminars. List not more than three previous training events including titles, dates and number of participants.

Please include three references (name, agency, address, phone):

**Appendix 5**

# Pupil-Activity First Aid Training Program Provider Compliance Assurances

Provider Name

Provider IRN

Herein assures that the pupil-activity first aid program will be conducted in accordance with documentation in materials submitted. Specifically, **(INITIAL EACH ONE**):

Programs will be conducted by presenters as submitted.

One hour of the two-hour program will be conducted by an MD, DO, ATC, LAT, RN, or EMT.

Curriculum will be adhered to as submitted.

A variety of teaching strategies will be utilized as submitted.

Programs will be reported as instructed within 10 business days from completion.

**Failure to comply with these assurances may result in the loss of approved provider status.**

Authorized Signature

Date

Title of Authorized Signer

**Appendix 6**

# Pupil-Activity First Aid Training Program Approval Request Form

Mail completed form to Office of Educator Licensure and Effectiveness; William Green Building; 30 W. Spring Street, 12th Floor; Columbus, OH 43215.

**Please check one**: ☐ Initial Request ☐ Update Information

## PART I. Identifying Information

| | |
|---|---|
| Provider Agency Name | Provider IRN |
| Mailing Address | |
| City | State and Zip Code |
| Pupil-activity Coordinator Name | |
| Email | Telephone Number |

## PART II. Program Information

| Program Date | Program Time | Program Site and City | Open to Public (Y or N) |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

## PART III. Update Program Information

| Program Number | Program Date | Program Time | Program Site and City | Open to Public (Y or N) |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |