

Ohio Department of Job and Family Services  
**COMMUNICABLE DISEASE TRAINER REGISTRATION  
 FOR CHILD CARE CENTERS AND TYPE A HOMES**

**Personal Information:**

Name:	Phone Number:
Address:	Fax Number:
City, State, Zip Code:	
E-Mail Address:	

**Professional Information:**

**Trainer Employment/Affiliation:**

Registered Nurse or Licensed Physician

Copy of license or license search page as verification of qualifications

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American Red Cross Communicable Disease Instructor (not Blood-Borne Pathogens instructor)

Copy of ARC Communicable Disease instructor card

**Please answer the following questions:**

Do you provide training through the local Resource and Referral Agency?  Yes  No

How many years experience do you have training child care providers in Ohio? \_\_\_\_\_

How many trainings do you average per year for providers? \_\_\_\_\_

Do you train child care providers in a First Aid Curriculum?  Yes  No

If yes, are you interested in information on the American Academy of Pediatrics PedFACTS curriculum for child care providers and teachers?  Yes  No

Visit <http://www.jfs.ohio.gov/cdc/training.stm> for more information on AAP PedFACTS.

**In order to send out the curriculum, trainers must submit one of the following with this application:**

American Red Cross Communicable Disease Instructor card

Copy of Ohio Board of Nursing License (RN) or copy of State Board Licensure Verification webpage

Copy of Ohio Medical Board License (Licensed Physician) or copy of State Board Licensure Verification webpage

Typed/Printed Name of Applicant: \_\_\_\_\_

Signature of Applicant: _____	Date of Signature: _____
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Return completed application with verification of trainer requirements to: Communicable Disease Curriculum Application Bureau of Child Care & Development, ODJFS P.O. Box 182709 Columbus, OH 43218-2709 e-mail completed application to [Kelly.smith@jfs.ohio.gov](mailto:Kelly.smith@jfs.ohio.gov)

*Office Use Only:*  
 Date Application Received: \_\_\_/\_\_\_/\_\_\_ Date Approved: \_\_\_/\_\_\_/\_\_\_ Approval Expires: \_\_\_/\_\_\_/\_\_\_