

TEACHING PROFESSIONS



FIRST YEAR PROGRAM INFORMATION

Dress Requirement: Uniforms are to be worn all day. The uniform company *CINTAS* sent out letters to students directly for their uniform sizes. These uniform polo shirts and sweatshirts are part of the Teaching Professions student program fees. No payment will be needed at time of ordering.

Prior to the first day of school, students are required to purchase plain khaki pants (no tight pants, jeans, leggings or yoga pants will be permitted) and a pair of plain, closed toed shoes.

Required Documents: First Year Teaching Professions students are required to return the three (3) important attached forms from Ohio Department of Education and Ohio Department of Job and Family Services.

- ❑ The “Statement of Nonconviction or Conviction/Rehabilitated Form” from Ohio Department of Education is for the student to complete.
- ❑ The “Employee Medical Statement” from Ohio Department of Education **and** the “Employee Medical Statement for Child Care” from Ohio Department of Job and Family Services is to be completed by your physician prior to the start of school.

★**The forms above can be turned in at the Student Orientation on August 15, 2023 at 7:00 p.m.**

Students are also required to schedule their BCI&I and FBI fingerprints, *prior* to start of school in order to be admitted into the program.

- Students need to call the Career Center at (330) 725-8461 (ext. 144) to schedule their fingerprinting appointment beginning August 1, 2023. Fingerprinting will also be available during the evening on August 15 and 16, 2023.
- **Student fees include the cost of the fingerprinting (\$47.25), however, this portion must be paid prior to students being fingerprinted. Payment can be made at the MCCC Central Supply Office on the day of appointment. Fingerprint Fee is non-refundable.**
 - **Students must know their Social Security Number and present a valid driver’s license or Ohio State Identification at time of fingerprinting.**



Please attend STUDENT ORIENTATION on Tuesday, August 15, 2023 @7:00 pm

2023-2024 FIRST YEAR STUDENT PROGRAM FEES

PROGRAM	Book/ Workbook	Student Uniform Cost	Academic Fees Full Day Student	BCI&I and FBI Fingerprinting	Dues & Certifications & Class Materials	Total Fees Due
Teaching Professions I	\$30.00	\$150.00	\$50.00	\$47.25	\$57.48	\$ 334.73

Program Fees are due and payments can be made at our Central Supply office beginning July 5, 2023. We accept cash, credit card and checks – payments are accepted throughout the school year.

**If you have any questions, please email the Teaching Professions Instructor,
Janice Curtin: Jcurtin@mcjvs.edu**



Medina County Career Center Teaching Professions 2023-2024 Supply List

The following items are to be purchased prior to the start of the school year.

1. Box of crayons
2. Box of markers
3. Adult pair of scissors
4. Box of colored pencils
5. Glue bottle and Glue sticks-2
6. Pens and Pencils-10

Students are required to bring their supplies the first day of school.

TEACHING PROFESSIONS



SECOND YEAR PROGRAM INFORMATION

Daily Professional Dress Policy:

Members of our Advisory Committee have recommended that uniforms be worn while in lab. Appearance is important as we have many visitors through MCCC which may be potential future employers. Uniforms are expected to be worn ALL day.

Student Dress Code:

Uniform polo shirts, from previous school year, are to be worn all day. Students are required to purchase plain khaki or black pants (no tight pants, jeans, leggings or yoga pants will be permitted) and a pair of plain, closed toed, dress shoes with a heel 1" or less or clean tennis shoes.

2023-2024 SECOND YEAR STUDENT PROGRAM FEES				
PROGRAM	Academic Fee Full Day Student	Tools & Misc. Class Materials	Dues & Certifications	Total Fees Due
Teaching Professions II	\$50.00	\$12.73	\$15.00	\$ 77.73
Program Fees are due and payments can be made at our Central Supply office beginning July 5, 2023. We accept cash, credit card and checks – payments are accepted throughout the school year.				

**We look forward to seeing you on the first day of school.
Monday, August 21, 2023.**

Please feel free to email Janice Curtin, Teaching Professions Instructor: jcurtin@mcjvs.edu



This form meets Ohio Administrative Code. Programs may use this form or build their own.

Section I - Medical Provider Information

Physician/Clinic/Hospital Name _____ Provider Address _____
Provider Phone Number _____ City _____ State _____ Zip _____

Section II - Medical Statement Verification

Employee Name _____

Certify Employee Medical Status:

- Free of Communicable Disease
Fit to work with children in the following age groups:
Infant/Toddler
3 years - 14 years

Screened for Tuberculosis (TB)

- Has the employee resided in a country identified by the world health organization (WHO) as having a high burden of tuberculosis (TB)? Yes No
Has the employee arrived in the United States within the five years immediately preceding the date of application for employment? Yes No

Employment Application Date: _____

If the answers to both questions above are yes, the individual is required to be tested for TB.

TB Test Date: _____ TB Test Results: Negative Positive

Check box of examining medical professional:

- Physician Physician Assistant Advanced Practice Registered Nurse

Signature of Medical Professional _____ Date _____

I verify that the information presented on this form is accurate and complete.

Prohibitive Offenses found in division (A)(5) of section 109.572 of the Revised Code

Homicide

- R.C. 2903.01 - Aggravated murder
- R.C. 2903.02 - Murder
- R.C. 2903.03 - Voluntary manslaughter
- R.C. 2903.04 - Involuntary manslaughter

Assault

- R.C. 2903.11 - Felonious assault
- R.C. 2903.12 - Aggravated assault
- R.C. 2903.13 - Assault
- R.C. 2903.16 - Failing to provide for a functionally impaired person

Menacing

- R.C. 2903.15 - Permitting child abuse
- R.C. 2903.21 - Aggravated menacing
- R.C. 2903.211 - Menacing by stalking
- R.C. 2903.22 - Menacing

Patient abuse and neglect

- R.C. 2903.34 - Patient abuse, neglect

Kidnapping and related issues

- R.C. 2905.01 - Kidnapping
- R.C. 2905.02 - Abduction
- R.C. 2905.04 - Child stealing (as this law existed prior to July 1, 1996)
- R.C. 2905.05 - Criminal child enticement
- R.C. 2905.32 - Trafficking in persons

Sex offenses

- R.C. 2907.02 - Rape
- R.C. 2907.03 - Sexual battery
- R.C. 2907.04 - Corruption of a minor
- R.C. 2907.05 - Gross sexual imposition
- R.C. 2907.06 - Sexual imposition
- R.C. 2907.07 - Importuning
- R.C. 2907.08 - Voyeurism
- R.C. 2907.09 - Public indecency
- R.C. 2907.12 - Felonious sexual penetration (as this former section of law existed)
- R.C. 2907.19 - Commercial sexual exploitation of a minor
- R.C. 2907.21 - Compelling prostitution
- R.C. 2907.22 - Promoting prostitution
- R.C. 2907.23 - Procuring
- R.C. 2907.24 - Soliciting - after positive HIV test driver's license suspension
- R.C. 2907.25 - Prostitution
- R.C. 2907.31 - Disseminating matter harmful to juveniles
- R.C. 2907.32 - Pandering obscenity
- R.C. 2907.321 - Pandering obscenity involving a minor
- R.C. 2907.322 - Pandering sexually oriented matter involving a minor
- R.C. 2907.323 - Illegal use of a minor in nudity-oriented material or performance

Arson

- R.C. 2909.02 - Aggravated arson
- R.C. 2909.22 - Soliciting or providing support for act of terrorism
- R.C. 2909.23 - Making terroristic threat
- R.C. 2909.24 - Terrorism
- R.C. 2909.03 - Arson

Robbery and Burglary

- R.C. 2911.01 - Aggravated robbery
- R.C. 2911.02 - Robbery
- R.C. 2911.11 - Aggravated burglary
- R.C. 2911.12 - Burglary

Theft and Fraud

- R.C. 2913.02 - Theft; aggravated theft
- R.C. 2913.03 - Unauthorized use of a vehicle
- R.C. 2913.04 - Unauthorized use of property, computer, cable, or telecommunication property or service
- R.C. 2923.02 - Attempt
- R.C. 2913.041 - Possession or sale of unauthorized cable television device
- R.C. 2913.33 - Making or using slugs
- R.C. 2913.05 - Telecommunications fraud
- R.C. 2913.06 - Unlawful use of telecommunications

- R.C. 2913.11 - Passing bad checks
- R.C. 2913.21 - Misuse of credit cards
- R.C. 2913.31 - Forgery; identification card
- R.C. 2913.32 - Criminal simulation
- R.C. 2913.40 - Medicaid fraud
- R.C. 2913.41 - Prima facie evidence of purpose to defraud R.C. 2913.42 - Tampering with records
- R.C. 2913.43 - Securing writings by deception
- R.C. 2913.44 - Personating an officer
- R.C. 2913.441 - Law Enforcement emblem display
- R.C. 2913.45 - Defrauding creditors
- R.C. 2913.46 - Illegal use of food stamps or WIC program benefits
- R.C. 2913.47 - Insurance fraud
- R.C. 2913.48 - Worker's compensation fraud
- R.C. 2913.49 - Identity fraud

Offenses against the family

- R.C. 2919.12 - Unlawful abortion
- R.C. 2919.22 - Endangering children
- R.C. 2919.23 - Interference with custody
- R.C. 2919.24 - Contributing to unruliness or delinquency of a child
- R.C. 2919.25 - Domestic violence
- R.C. 2919.224 - Misrepresentation relating to provision of child care
- R.C. 2919.225 - Disclosure and notice regarding death or injury of child in facility

Offenses against justice and public administration

- R.C. 2921.11 - Perjury
- R.C. 2921.13 - Falsification
- R.C. 2921.14 - Making or causing false report of child abuse or neglect

Weapons control

- R.C. 2923.12 - Carrying a concealed weapon
- R.C. 2923.13 - Having a weapon while under disability
- R.C. 2923.161 - Improperly discharging a firearm at or into a habitation or school
- R.C. 2923.01 - Conspiracy
- R.C. 2923.02 - Attempt, that relates to a crime specified in division 109.572 (A)(5)
- R.C. 2923.03 - Complicity, that relates to a crime specified in division 109.572 (A)(5)

Drug offenses

- R.C. 2925.02 - Corrupting another with drugs
- R.C. 2925.03 - Trafficking in drugs
- R.C. 2925.04 - Illegal manufacture of drugs or cultivation of marijuana
- R.C. 2925.05 - Funding of drug or marijuana trafficking
- R.C. 2925.06 - Illegal administration or distribution of anabolic steroids
- R.C. 2925.11 - Possession of drugs or marijuana that is not a minor drug possession offense in section R.C. 2925.01

Other

- R.C. 959.13 - Cruelty to animals
- R.C. 2151.421 - Reporting child abuse or neglect
- R.C. 2905.11 - Extortion
- R.C. 3716.11 - Placing harmful objects in food or confection
- R.C. 2909.04 - Disrupting public services
- R.C. 2909.05 - Vandalism
- R.C. 2917.01 - Inciting to violence
- R.C. 2917.02 - Aggravated riot
- R.C. 2917.03 - Riot
- R.C. 2917.31 - Inducing panic
- R.C. 2921.03 - Intimidation
- R.C. 2921.34 - Escape
- R.C. 2921.35 - Aiding escape or resistance to authority
- R.C. 2927.12 - Ethnic intimidation
- R.C. 4511.19 - Operating vehicle under the influence of alcohol or drugs - OVI. (A second violation within five years of the date of application for licensure or employment.)

Ohio Department of Job and Family Services
EMPLOYEE MEDICAL STATEMENT FOR CHILD CARE

The physical examination and completion of this form must occur no more than 12 months prior to the first day of employment.

Name of Employee	
Home Address	
City, State, Zip	
First Day of Employment	
To be completed by the Health Care Provider*	
<p>My signature below certifies that I examined the above-named person who is found to be:</p> <p><input type="checkbox"/> Physically fit for employment in a facility caring for children</p> <p><input type="checkbox"/> Immunized against Tetanus/Diphtheria/Pertussis (Tdap)</p> <p><input type="checkbox"/> Immunized against Measles, Mumps and Rubella (MMR)</p> <p><i>(Except that for a person born on or before December 31, 1956, a history of mumps or measles disease may be substituted for the vaccine. A history of rubella disease shall not be substituted for rubella vaccine. Only a laboratory test demonstrating detectable rubella antibodies shall be accepted in lieu of rubella vaccine).</i></p>	
**This section must be completed if the employee is applying to be an administrator, child care staff member or employee of a child care center.	
<p><input type="checkbox"/> **Screened for Tuberculosis (TB)</p> <ul style="list-style-type: none"> • <i>Has the employee resided in a country identified by the world health organization (WHO) as having a high burden of tuberculosis (TB)?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No • <i>Has the employee arrived in the United States within the five years immediately preceding the date of application for employment?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <p>Employment Application Date: _____</p> <p>If the answers to both questions above are yes, the individual is required to be tested for TB.</p> <p>TB Test Date: _____ TB Test Results: <input type="checkbox"/> Negative <input type="checkbox"/> Positive</p>	
Name of Health Care Provider* <i>(Please Print)</i>	
Street Address	
City, State, Zip	Phone Number
Signature of Health Care Provider*	Date of Examination

*This form may be signed by a licensed physician, physician's assistant, advanced practice registered nurse, certified nurse midwife or certified nurse practitioner.