

Communicable Disease Training

Northwest Ohio Educational Service Center Website address: www.nwoesc.org

What: This program can be taken as online material with assessments. The material has been certified by Cindy Rose, RN, BSN, Director of Nursing for the Fulton County Health Department and is based on materials from the Ohio Department of Job and Family Services and the Ohio Department of Health.

When: Web-based material may be accessed and completed at anytime. **Registrations will be good for 90 days.**

Where: Participants may use any computer able to connect to the Internet with a web browser.

How: Participants may select either the initial **6-contact hours** course or the recertification **3-contact hours** course. Register as an individual and receive a username, password and directions through email. The participant is required to email the NwoESC after completing the course. When fulfillment of the time requirement has been verified, the NwoESC will issue a certificate of completion through email as a PDF attachment.

\$50.00

Please mail this completed registration form along with a personal check, or your organization's check, made payable to "NwoESC" for \$50.00 to the address indicated below.

Why: The state law requires all first year persons employed as preschool and day care providers attend a **6-hour** workshop on communicable diseases with a refresher course every 3 years thereafter. Communicable diseases do affect the students in our classrooms and are something that all school personnel must confront. The material might also be appropriate for staff members with Job and Family Services, daycare centers and Board of DD Early Intervention Programs, but this option should be cleared with the supervisor before registering.

*****PLEASE check with your organization (and local Department of Job and Family Services if applicable) to ascertain if this training is acceptable. *****

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Name: _____

*****ALL Fields are MANDATORY*****

Course Options:

_____ 6-hour Initial Course

_____ 3-hour Recertification Course

Job Title: _____ Organization: _____

Email Address: _____ Building Name: _____

Home/Cell Phone #: _____ Building Address: _____

Supervisor's Name: _____ City and Zip: _____

Supervisor's E-mail: _____ Building Phone #: _____

Personal Check Number or Organization Warrant/Check Number: _____ [Purchase Orders NOT accepted.](#)

21st Century Grant Funded

Send To: Northwest Ohio Educational Service Center
Web-based Staff Development
205 Nolan Parkway
Archbold, Ohio 43502-0250

Contact: Kris Dobbelaere, Director of Curriculum
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