

This is the paper registration for the Ohio Responds Volunteer Registry. This site is managed by the Ohio Department of Health and the Ohio Emergency Management Agency and allows you to register as a volunteer willing to provide services during a disaster or emergency situation. If you are unsure which Units(s) to join please visit [www.ohioresponds.gov](http://www.ohioresponds.gov/) for a full list.

This registration form will collect basic information including contact information, skills, completed trainings, and professional license information if applicable (including license/ certification/ specialty number, expiration date, report of any adverse actions, clinically/ hospital active).

All information you provide is held under the highest degree of care and standards of security, confidentiality, and privacy. Only you and authorized system administrators will view the information you enter. You may review the system’s privacy policy provided in Appendix II: Privacy Policy.

Upon registration, your credentials will be checked. All reasonable efforts, in accordance with the federal guidelines for Emergency Systems for Advance Registration of Volunteer Health Professionals (ESAR-VHP), have been made to ascertain the credentials of individuals interested in becoming a volunteer.

During a State or national disaster, the Ohio Responds Volunteer Registry system may receive requests for potential volunteers. If a decision is made to request your services as a volunteer, you will be contacted at that time through the automated system and asked about your availability. You can choose, at any time, to decline any request for activation.

Ohio would like to thank you for registering as an Ohio Responds Volunteer Registry volunteer.

**REQUIREMENTS FOR REGISTRATION**

1. Must be 18 years or older

2. Must complete an approved training every three (3) years after, in order to maintain Liability Protection (Ohio Administrative Code 121:40-1-04). An approved training list can be found on [www.ohioresponds.gov](http://www.ohioresponds.gov/) and selecting "Training Opportunities" from the top tab.

3. Must comply with any other additional training requirements of the Group(s) you join.

4. Must complete all required fields when filling out your volunteer profile.

5. Must ensure your profile is up to date at all times (contact information, professional license, etc)

Please complete the attached registration form and return Pages 3-13 ONLY by mail or fax to your local Administrator.

|  |
| --- |
| How to complete this form |

1. Write your first and last name at the top of pages 3 through 13.
2. Complete all required form fields on pages 3 through 13. \* Required - An asterisk (\*) before indicates that the information requested is required. This information must be provided in order to complete your registration.
3. Use the Appendices in the back of this document to review the Terms of Service and Privacy Policy, and to select emergency response commitments, medical and non-medical occupations, hospital affiliations, training, skills/ certifications, and languages.
4. When the registration form is complete, be sure to sign and date below.
5. Mail or fax the completed pages 3-13 to your local Administrator.

**TERMS OF SERVICE AND PRIVACY POLICY \* REQUIRED**

\* Terms of Service

* By checking this box, I indicate that I agree to the enclosed Terms of Service and have read and understand the Privacy Policy. My submission of this form will constitute my consent to the collection and use of this information and the transfer of this information across the Internet, by mail, or fax to processing and storage facilities supporting this system. I also agree to receive required administrative and legal notices such as this electronically (See Appendix I: Terms of Service for complete text, See Appendix II: Privacy Policy for complete text).

\* Privacy Policy

* By checking this box, I pledge to provide only correct information when completing this registration process. I also give consent to the State of Ohio and the Ohio Responds Volunteer Registry and their designated agents to collect, use, check, and maintain any information that is collected through the use of this site.

 Signature Date

**LIABILITY PROTECTION REQUIREMENT \* REQUIRED**

In order to maintain the liability protection provided in the Ohio Administrative Code 121:40-1-04, volunteers must complete an approved training course every 3 years. Please note some Groups require additional trainings as part of Group membership. Please verify the information is up to date at all times. Volunteers who have not completed an approved training in the last 3 years will be removed from the system.

* \*I understand that in order to maintain the liability protection provided in the Ohio Admin Code 121:40-1-04, I must complete an approved training every 3 years. Please note some Group(s) requires additional trainings as part of Group membership.
* \*I understand I must keep this training information up to date in the Ohio Responds Volunteer Registry.

 Signature Date

**ACCOUNT CREATION \* REQUIRED**

**\*Username:** *The username must be at least six (6) characters long and cannot contain spaces. Acceptable characters include alphanumeric (A-Z, 0-9) and the symbols @, ., -, and \_. Usernames are not case sensitive.*

**Please provide an alternate username if the above username is already taken:**

**\*Password:** The password must be at least eight (8) characters long and must contain at least one (1) numeral and at least one (1) uppercase letter.

**\*Secret Question and Answer:** This question and answer will be used to recover a lost password.

Please choose your secret question and provide the answer below.

[ ] What is the name of your first school?

[ ] What is your father’s middle name?

[ ] What is your mother’s maiden name?

[ ] What is your pet’s name?

[ ] What street did you grow up on?

**\*Secret Answer:**

**IDENTITY INFORMATION \*REQUIRED**

**Prefix: \*First Name:**

**Middle Name: \*Last Name:**

**Suffix:**

**\*Address:**

**\*City: \*State:**

**\*County: Please see Appendix III: Counties in Ohio.**

**\*Zip Code:**

**Alternate Address:**

**Alternate City: Alternate State:**

**Alternate County: Alternate Zip Code:**

**\*Date of Birth:**  **Gender:** [ ] Male [ ] Female

**UNIT AFFILIATION \*REQUIRED**

**If you are a member of more than one organization, please choose the organization you will respond with during a disaster. If you are not a member with any listed organization, you may choose one or more of the following organizations. Please also indicate the county for each unit you would like to volunteer with. You may select different a different county for each organization.**

**Organization:**

[ ] Medical Reserve Corps (MRC) \*County:

[ ] Community Emergency Response Team (CERT) \*County:

[ ] Citizen Corps (CC) \*County:

[ ] Radiation Response Volunteer Corps (RRVC) \*County:

[ ] Ohio Special Response Team \*County: Richland

**What is your primary unit?** Please choose one (1) organization that you have selected above that you will be primarily responding with during a disaster.

**DEPLOYMENT PREFERENCES \*REQUIRED**

**\*Where are you willing to travel for deployment?** [ ] Local [ ] In-State [ ] Out-of-State

**\*How many days are you willing to be deployed?** [ ] Up to 1 [ ] Up to 3 [ ] Up to 7 [ ] Up to 14 [ ] Up to 21 [ ] Up to 28 [ ] More than 28

**\*In the event of a declared national emergency, would you consider volunteering to work under the authority of the Federal Government?** [ ] Yes [ ] No *Selecting yes may result in your information being provided to the Federal Government upon its request.*

**Do you currently hold a valid US Passport?**  [ ] Yes [ ] No

**Do you have any other commitments that might pose a conflict in the event of an emergency?** [ ] Yes [ ] No **If yes, please select these organizations from Appendix IV: Emergency Response Commitments and list below.**

**CONTACT INFORMATION \*REQUIRED**

**Primary Email Address:** *If you have an email account, it is important for you to provide this information. Without your email address, you may miss important messages and notifications that are only sent via email. Please note that the system will not allow two accounts with the same email address. If you do not have an email address or your email address is already registered with the system, you can learn more about obtaining a free email by visiting hotmail.com, yahoo.com, or google.com.*

**Secondary Email Address:**

**\*First Contact Method:** ( ) **Extension:**

**\*Type:** [ ] Work Phone [ ] Home Phone [ ] Mobile Phone [ ] Pager [ ] SMS/Text Message [ ] TTD/TTY

**Second Contact Method:** ( ) **Extension:**

**Type:** [ ] Work Phone [ ] Home Phone [ ] Mobile Phone [ ] Pager [ ] SMS/Text Message [ ] TTD/TTY

**Third Contact Method:** ( ) **Extension:**

**Type:** [ ] Work Phone [ ] Home Phone [ ] Mobile Phone [ ] Pager [ ] SMS/Text Message [ ] TTD/TTY

**Fourth Contact Method:** ( ) **Extension:**

**Type:** [ ] Work Phone [ ] Home Phone [ ] Mobile Phone [ ] Pager [ ] SMS/Text Message [ ] TTD/TTY

**Fifth Contact Method:** ( ) **Extension:**

**Type:** [ ] Work Phone [ ] Home Phone [ ] Mobile Phone [ ] Pager [ ] SMS/Text Message [ ] TTD/TTY

**Sixth Contact Method:** ( ) **Extension:**

**Type:** [ ] Work Phone [ ] Home Phone [ ] Mobile Phone [ ] Pager [ ] SMS/Text Message [ ] TTD/TTY

**EMERGENCY CONTACT INFORMATION \*REQURIED**

**\*Emergency Contact Name:**

**\*Relationship:** [ ] Parent [ ] Spouse [ ] Domestic Partner [ ] Sibling [ ] Child [ ] Other Relative [ ] Co-Worker [ ] Friend

**\*Primary Contact Number:** ( ) **Extension:**

**Secondary Contact Number:** ( ) **Extension:**

**Second Emergency Contact Name:**

**Relationship:** [ ] Parent [ ] Spouse [ ] Domestic Partner [ ] Sibling [ ] Child [ ] Other Relative [ ] Co-Worker [ ] Friend

**Primary Contact Number:** ( ) **Extension:**

**Secondary Contact Number:** ( ) **Extension:**

**PRIMARY OCCUPATION INFORMATION \*REQUIRED**

**Select your primary occupation from the list in Appendix V: Medical Occupations or Appendix VI: Non-medical Occupations.**

**\*Primary Occupation Type:** [ ] Medical [ ] Non-medical

**\*Primary Occupation:**

**\*What is your current professional status for this occupation? If Non-medical Occupation:** [ ] Active [ ] Inactive [ ] Student [ ] Retried **If Medical Occupation:** [ ] Licensed/Certified and Active [ ] Licensed/Certified and Inactive for less than 5 Years[ ] Licensed/Certified and Active Part-Time [ ] Licensed/Certified and Inactive for more than 5 Years [ ] Non-Licensed [ ] Non-Licensed and Retired[ ] Non-Licensed and Active [ ] Non-Licensed and Student

**If you have a Non-medical Occupation please complete the following information. When complete skip to the Training section.**

**Company Name:**

**Your Title/ Position:**

**Address:**

**City: State: County: Zip Code:**

**Supervisor Name:**

**Supervisor Number:**

**Degree Type:**

**Institution Name: Institution City: Institution State:**

**Graduation Date:**

**If you have a Medical Occupation please complete the following information.**

**If the name on this license is different than the name you provided in your personal information, please enter the name exactly as it appears on your license.**

**\*First Name: \*Last Name:**

**License Number: Issuing State or Jurisdiction:**

**Expiration Date:**

**Is your license in good standing?** [ ] Yes [ ] No

**Is your license free of adverse actions and restrictions?** [ ] Yes [ ] No

**Degree Type:**

**Institution Name: Institution City: Institution State:**

**Conferred Date:**

**Your most recent place of practice:** *After checking the appropriate location of recent practice, please complete the coordinating section below.*[ ] Clinic [ ] Hospital [ ] Other

**If you have a Medical Occupation please complete the following information based on your place of practice.**

**Place of Practice: Clinic**

**Name of Clinic:**

**Clinic Description:**

**City: State: Zip Code:**

**Describe your area of practice at the facility:**

**Overall years of experience at this place of practice:**

**Supervisor’s Name:**

**Supervisor’s Email:**

**Employee ID Number:** *This number is important to help differentiate you from other employees.*

**Your Medical Office Phone Number:** *It is important to enter the phone number and extension for your medical staff office. This information will be used to verify your active affiliation and eligibility should you be asked to respond.*

**Last Date of Practice:**

**Are you a private practitioner?** [ ] Yes [ ] No *\*\*If you select Yes, please answer the questions below asking for a professional peer’s (reference) information.*

**Professional Peer’s (Reference) Name:**

**Professional Peer’s (Reference) Email:**

**Professional Peer’s (Reference) Phone Number:**

**Professional Peer’s (Reference) City of Residence:**

**Professional Peer’s (Reference) State of Residence:**

**Place of Practice: Hospital**

**Hospital name: Select your primary hospital affiliation from the list in Appendix VII: Hospitals and provide it below.**

**City: State: Zip Code:**

**Hospital Specialty** *(i.e., Pediatric, Oncology, Rehabilitation)***:**

**Describe your area of practice at the facility:**

**Overall years of experience at this place of practice:**

**Supervisor’s Name:**

**Supervisor’s Email:**

**Employee ID Number:** *This number is important to help differentiate you from other employees.*

**Your Medical Office Phone Number:** *It is important to enter the phone number and extension for your medical staff office. This information will be used to verify your active affiliation and eligibility should you be asked to respond.*

**Place of Practice: Other**

**Name of Facility:**

**Facility Description:**

**Address:**

**City: State: County: Zip Code:**

**Describe your area of practice at the facility:**

**Overall years of experience at this place of practice:**

**Supervisor’s Name:**

**Supervisor’s Email:**

**Employee ID Number:** *This number is important to help differentiate you from other employees.*

**Your Medical Office Phone Number:** *It is important to enter the phone number and extension for your medical staff office. This information will be used to verify your active affiliation and eligibility should you be asked to respond.*

**Specialty Experience:** *If you have gained a specialty through working experience, indicate it below.*

**Describe your area of specialty:**

**Years of specialty experience:**

**Clinical Experience:** *If you have clinical experience, indicate it below.*

**Supervisor Name:**

**Organization Name:**

**Organization City: Organization State:**

**Clinical Setting:**

**Start Date: End Date:**

**SECONDARY OCCUPATION INFORMATION \*REQUIRED *Some volunteers may have a secondary occupation. If so, please enter it below. If not, skip to the Training section.***

**Select your primary occupation from the list in Appendix V: Medical Occupations and/ or Appendix VI: Non-medical Occupations.**

**\*Primary Occupation Type:** [ ] Medical [ ] Non-medical

**\*Primary Occupation:**

**\*What is your current professional status for this occupation? If Non-medical Occupation:** [ ] Active [ ] Inactive [ ] Student [ ] Retried **If Medical Occupation:** [ ] Licensed/Certified and Active [ ] Licensed/Certified and Inactive for less than 5 Years[ ] Licensed/Certified and Active Part-Time [ ] Licensed/Certified and Inactive for more than 5 Years [ ] Non-Licensed [ ] Non-Licensed and Retired[ ] Non-Licensed and Active [ ] Non-Licensed and Student

**If you have a Non-medical Occupation please complete the following information. When complete skip to the Training section.**

**Company Name:**

**Your Title/ Position:**

**Address:**

**City: State: County: Zip Code:**

**Supervisor Name:**

**Supervisor Number:**

**Degree Type:**

**Institution Name: Institution City: Institution State:**

**Graduation Date:**

**If you have a Medical Occupation please complete the following information.**

**If the name on this license is different than the name you provided in your personal information, please enter the name exactly as it appears on your license.**

**\*First Name: \*Last Name:**

**License Number: Issuing State or Jurisdiction:**

**Expiration Date:**

**Is your license in good standing?** [ ] Yes [ ] No

**Is your license free of adverse actions and restrictions?** [ ] Yes [ ] No

**Degree Type:**

**Institution Name: Institution City: Institution State:**

**Conferred Date:**

**Your most recent place of practice:** *After checking the appropriate location of recent practice, please complete the coordinating section below.*[ ] Clinic [ ] Hospital [ ] Other

**If you have a Medical Occupation please complete the following information based on your place of practice.**

**Place of Practice: Clinic**

**Name of Clinic:**

**Clinic Description:**

**City: State: Zip Code:**

**Describe your area of practice at the facility:**

**Overall years of experience at this place of practice:**

**Supervisor’s Name:**

**Supervisor’s Email:**

**Employee ID Number:** *This number is important to help differentiate you from other employees.*

**Your Medical Office Phone Number:** *It is important to enter the phone number and extension for your medical staff office. This information will be used to verify your active affiliation and eligibility should you be asked to respond.*

**Last Date of Practice:**

**Are you a private practitioner?** [ ] Yes [ ] No *\*\*If you select Yes, please answer the questions below asking for a professional peer’s (reference) information.*

**Professional Peer’s (Reference) Name:**

**Professional Peer’s (Reference) Email:**

**Professional Peer’s (Reference) Phone Number:**

**Professional Peer’s (Reference) City of Residence:**

**Professional Peer’s (Reference) State of Residence:**

**Place of Practice: Hospital**

**Hospital name: Select your primary hospital affiliation from the list in Appendix VII: Hospitals and provide it below.**

**City: State: Zip Code:**

**Hospital Specialty** *(i.e., Pediatric, Oncology, Rehabilitation)***:**

**Describe your area of practice at the facility:**

**Overall years of experience at this place of practice:**

**Supervisor’s Name:**

**Supervisor’s Email:**

**Employee ID Number:** *This number is important to help differentiate you from other employees.*

**Your Medical Office Phone Number:** *It is important to enter the phone number and extension for your medical staff office. This information will be used to verify your active affiliation and eligibility should you be asked to respond.*

**Place of Practice: Other**

**Name of Facility:**

**Facility Description:**

**Address:**

**City: State: County: Zip Code:**

**Describe your area of practice at the facility:**

**Overall years of experience at this place of practice:**

**Supervisor’s Name:**

**Supervisor’s Email:**

**Employee ID Number:** *This number is important to help differentiate you from other employees.*

**Your Medical Office Phone Number:** *It is important to enter the phone number and extension for your medical staff office. This information will be used to verify your active affiliation and eligibility should you be asked to respond.*

**Specialty Experience:** *If you have gained a specialty through working experience, indicate it below.*

**Describe your area of specialty:**

**Years of specialty experience:**

**Clinical Experience:** *If you have clinical experience, indicate it below.*

**Supervisor Name:**

**Organization Name:**

**Organization City: Organization State:**

**Clinical Setting:**

**Start Date: End Date:**

**TRAINING \*REQUIRED *Please select from the list of Ohio’s approved trainings. In order to maintain the liability protection provided in the Ohio Administrative Code 121:40-1-04, volunteers must complete an approved training course every three (3) years (expires after three (3) years).***

**Select your training course from Appendix VIII: Approved Trainings**

**\*Training Course 1:**

**Institution:**

**\*Training Course Date:**

**Expiration Date:**  [ ] Check here if your training course has no expiration date.

**Training Course 2:**

**Institution:**

**Training Course Date:**

**Expiration Date:**  [ ] Check here if your training course has no expiration date.

**Training Course 3:**

**Institution:**

**Training Course Date:**

**Expiration Date:** [ ] Check here if your training course has no expiration date.

**SKILLS AND CERTIFICATIONS \*REQUIRED**

**Select skills and certifications from list in Appendix IX: Skills/ Certifications. Please list below.**

**LANGUAGES \*REQUIRED**

**Select languages from list in Appendix X: Languages**

**Additional Languages #1:**

 Spoken Ability: [ ] Basic [ ] Conversational [ ] Fluent

Written Ability: [ ] Basic [ ] Intermediate [ ] Expert [ ] None

**Additional Languages #2:**

 Spoken Ability: [ ] Basic [ ] Conversational [ ] Fluent

Written Ability: [ ] Basic [ ] Intermediate [ ] Expert [ ] None

**PRIOR DEPLOYMENT EXPERIENCE \*REQUIRED**

*Please list any deployments you may have participated in as part of a volunteer organization with members of the public. Activities could range from assisting in a multi-day mass care incident, staffing a flu clinic, or participating in a health fair.*

**\*Deployment Event:**

**\*Initial Deployment Date:**

**\*Period of Deployment:**

**\*Description of Experience During Deployment:**

Appendix I: Terms of Service

The Ohio Department of Health (ODH) and its agents, contractors, sub-contractors, and third party service providers (collectively, “the Ohio Department of Health”) provides the Ohio Responds Volunteer Registry, a world wide web site (hereinafter referred to as the “Registry”) as a service to register, credential, manage, and deploy individuals who are interested in assisting during disaster situations.

The Registry and any materials for download only are available on the terms and conditions described below, which are intended to be legally binding on (1) those who register as volunteers, and (2) those who seek to access the data collected herein in the event of an emergency (hereinafter collectively referred to as you).

YOU MUST AGREE TO THESE TERMS OF SERVICE TO USE THIS REGISTRY

By using or registering on the Registry you agree to these terms and conditions (“Terms of Service”) and the Registry Privacy Policy. You agree to accept notices electronically. Each time you use the Registry, you reaffirm your acceptance of the then-current Terms of Service. If you do not wish to be bound by these Terms of Service, you may discontinue using the Registry. You cannot use, access data, credentials, sign up or register on the Registry until you have accepted these Terms of Service. If you do not agree to these terms and conditions, do not use this Registry. You may not use the Registry for any illegal or unauthorized purpose.

IMPORTANT-READ CAREFULLY:

YOUR USE OF THIS REGISTRY AND ITS SERVICES AND ASSOCIATED SOFTWARE (THE “SITE SERVICES”) IS CONDITIONED UPON YOUR COMPLIANCE AND ACCEPTANCE OF THESE TERMS.

The Ohio Department of Health reserves the right to modify or terminate the Registry Services for any reason, and without notice, without liability to you, or any third party. We also reserve the right to modify these Terms of Use from time to time without notice. You are responsible for regularly reviewing these Terms of Use so that you will be apprised of any changes.

Please read all of the material below, and note that a disclaimer of the implied warranties of merchantability, fitness for a particular purpose, and limitation of liability is set forth in the capitalized text below.

OBJECTIVE

The Registry functions as a non-commercial and volunteer only venue to assist in the registration of individuals, validation of professional licensure, management of program deployment information and emergency notification preferences for volunteers, and deployment of volunteers who wish to participate in the Ohio Department of Health’s Emergency Systems for Advance Registration of Volunteer Health Professionals (ESAR-VHP) and/or other programs located on this Registry.

The Registry presently limits registration to members of programs and organizations authorized by the Ohio Department of Health. The Registry confirms the identity of users through the use of email accounts and information provided at the time of registration. The Registry confirms the qualification, background information, or abilities of members primarily through validation by third party information providers or participating program administrators. Submitted information is the responsibility of individual members and their sponsoring organizations or programs. The Ohio Department of Health does not accept any responsibility for the information submitted by individuals or their sponsoring organizations.

THE REGISTRY PRODUCTS

For purposes of these Terms of Service, the term Products shall mean the Registry (whether preinstalled, on a medium or offered by download), The Registry services, the Registry and all other software, features, tools, web sites, and services provided by or through the Registry.

ADDITIONAL TERMS AND CONDITIONS FOR OTHER SERVICES OR PRODUCTS

You agree and understand that certain Registry products, features and services offered by or through the Registry (including services from the Ohio Department of Health) may be subject to additional terms and conditions or registration requirements.

You agree to abide by these additional terms and you further agree that a violation of those terms while you are accessing the data and or services through the Registry shall constitute a breach of these Terms of Service.

MODIFICATIONS TO THE TERMS OF SERVICE

The Ohio Department of Health, through the Registry, may change the Terms of Service at any time and in its sole discretion. The modified Terms of Service will be effective immediately upon posting and you agree to the new posted Terms of Service by continuing your use of the Registry. If you do not agree with the modified Terms of Service, your only remedy is to discontinue using the Registry and cancel your registration.

REQUIREMENTS FOR USE OR REGISTRATION ON THE REGISTRY, ITS DATA AND PRODUCTS

The Registry is open to volunteers and administrators of the programs approved for participation by the Ohio Department of Health. By registering on the Registry and using the Ohio Department of Health you represent and warrant that you are eligible to register as a member of one of these participating organizations.

RESPONSIBILITY FOR CONTENT OF YOUR INFORMATION PROFILE AND ACTIVITY UNDER YOUR USERNAME

You represent and warrant that you have adequate legal capacity to enter into binding agreements such as these Terms of Service. Some parts of the Registry may require the user to register and provide information to the Registry, such as name, e-mail address, gender, date of birth, Drivers License information, proof of education, proof of professional licensure, DEA license number, medical board certification, National Practitioner Database status, Inspector General status, active clinical practice status, active clinical privileges, and any other credentialing information (hereinafter, all the foregoing will collectively be referred to as Registration Information) as may be deemed necessary by the Ohio Department of Health.

If you register on the Registry, you agree to provide accurate and complete Registration Information and you agree to keep such information current.

As part of the registration process, you will be asked to provide a username and password. You will be responsible for all activities occurring under your username and for keeping your password secure.

By successfully accepting the terms of service and completing the Registration Information, and receiving confirmation from the Ohio Department of Health, you will be a registered on the Registry and have an information profile (“Profile”) which you can access online with your username and password. Your username and password are required to access the Registry. When you complete the registration process, a confirmation email will be sent to you with instructions on how to log in.

You agree that you are solely responsible for the content of all information provided by you. You agree to provide accurate, non-misleading, and complete information in all areas of the Registry and to maintain and update such information in order to maintain its honesty, accuracy, and completeness. At any time, you may update information regarding your Profile. Whenever you post any information on or to the Registry, You agree to provide accurate and complete information.

You agree:

* Not to post any false, misleading, discourteous, unprofessional or inappropriate information to the Registry;
* Not to discuss information in ‘restricted’ or confidential areas of the Registry which you may have access to;
* Not to use an automated information collection mechanism or manual information collection process to monitor, collect, or copy information contained in the Registry;
* Not to distribute information found on the Registry.

Further, you represent and warrant that you will not do any of the following in connection with the Registry or your use of the Registry:

* Violate, intentionally or unintentionally, any applicable local, Ohio Department of Health, national, or international law or regulation;
* Infringe any third party’s copyright, patent, trademark, trade secret, or other proprietary rights or rights of publicity or privacy.
* Upload, post or transmit any information that you do not have the right to post or transmit under any law, contractual duty or fiduciary relationship, including but not limited to inside information, proprietary and confidential information learned as part of employment contract, or information learned under a nondisclosure agreement or obtained in a wrongful manner;

Upload, post, or transmit any information that is unlawful, untrue, fraudulent, harassing, libelous, defamatory, abusive, tortuous, threatening, harmful (including but not limited to viruses, Trojan horses, time bombs, cancel bots, corrupted files, or any other programming routines that are intended to damage, detrimentally interfere with, intercept or expropriate any system data or information) or is otherwise objectionable;

* Access, tamper with, or use areas of the Registry you are not strictly authorized to access (Unauthorized individuals attempting to access these areas of the Registry may be subject to prosecution);
* Do anything which would create or impose an unreasonable or disproportionately large burden or load on the Registry;
* Frame or link to the Registry except as permitted in writing by the Ohio Department of Health;
* Impersonate any person or entity, falsely Ohio Department of Health your identity or otherwise misrepresent your affiliation with a person or entity;
* Interfere with or disrupt the Services or servers or networks connected to the Services, or disobey any requirements, procedures, policies, or regulations of networks connected to the Services;

The Ohio Department of Health and/or your program administrators reserve the right to revoke your account upon the discovery that the information you have provided is intentionally misleading, not true, not complete, or not accurate.

REGISTERED USER INFORMATION

The Privacy Policy explains how the Registry collects and uses information you have provided or seek to access by providing your information. You consent to the Registry using your Registration Information and other information collected by the Registry under the Registry Privacy Policy

By registering with or using the Registry, you consent to the collection and use of your Registration Information and the transfer of this information to the Ohio Department of Health and authorized third parties for processing and storage. Additionally, you agree that the Ohio Department of Health may use various services or technologies to authenticate you and your identity and credentials on the Registry, help store your Registration Information and transaction-related information, and enable authorized users to access the information you provide on the Registry in the event of a declared emergency or disaster. In the event of a declared emergency or disaster, authorized personnel will access your profile to verify your credentials, or they will contact you regarding your availability to serve in a designated area in a manner that most closely matches the skills and experience that you have described on your profile.

You understand that, at all times, your Registration Information and any information that relates to you constitutes a governmental or official record.

YOUR RESPONSIBILITY

You are responsible for all activity made by you or anyone you allow to have access to your profile, including your family or friends. You agree to keep confidential the passwords associated with your Registration Information.

You may not use the Registry while driving, operating hazardous equipment, or engaging in other forms of hazardous activities.

You are responsible for any materials you post or make available on or through the Registry.

COMMUNICATIONS

You are responsible for obtaining your own internet access, such as maintaining all telephone, computer hardware and other equipment needed for access to and use of the Registry, related Products, and all charges related thereto. Any telephone or other communications charges incurred by you to access the Registry or any Registry products are your responsibility.

YOU MAY USE THE REGISTRY AND REGISTRY PRODUCTS FOR LAWFUL PURPOSES ONLY

You may use the Registry and Registry products for lawful purposes only. You may not post on or transmit through community areas (e.g., message boards, e-mail, calendars) or other means,
any material that (1) violates or infringes in any way upon the rights of others, (2) is unlawful, threatening, abusive, defamatory, invasive of privacy or publicity rights, vulgar, obscene, profane, indecent or otherwise objectionable, (3) encourages conduct that would constitute a criminal offense, (4) gives rise to civil liability, (5) violates any policies posted in any community areas or (6) otherwise violates any law. You also may not undertake any conduct that restricts or inhibits any other user from using or accessing the data on the Registry or on any Registry Products.

NO UNAUTHORIZED ACCESS

You may not harvest or collect information about the Registry users unless prior written permission is obtained from the Ohio Department of Health. You may not harvest or collect information about the Registry users and or registrants of the Registry or any Registry Product for the purpose of sending unauthorized bulk communications. Any violation of these provisions may result in immediate termination of your registration account or access to the Registry Database and further legal action. You agree that the Ohio Department of Health may take any legal and technical remedies to prevent unsolicited bulk communications or other unauthorized communications from entering, utilizing or remaining within the Registry’s networks.

RESTRICTIONS ON ACCESS TO OR USE OF THE REGISTRY AND REGISTRY PRODUCTS

You may access the Registry and Registry Products only through the interfaces and protocols provided or authorized by the Ohio Department of Health. You agree that you will not access the Registry or Registry Products through unauthorized means, such as unlicensed software clients, and that you will only use the Registry and Registry Products in conjunction with the Ohio Department of Health’s authorized products and components.

EXPORT RESTRICTIONS

You acknowledge that the Registry, or any use of any Registry’s Product thereof, or portion thereof may be subject to the export control laws of the United States. You will not export, re-export, divert, transfer or disclose any portion of the Registry or Registry products or any related technical information or materials, directly or indirectly, in violation of any applicable export law or regulation.

NO RESALE OF REGISTRY OR REGISTRY PRODUCTS

You agree not to reproduce, duplicate, copy, sell, resell, or exploit for any purposes any portion of the Registry or Registry Products, or access to the Registry or Registry Products.

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You agree to indemnify and hold harmless the Ohio Department of Health for losses incurred by you, any person, private entity, local, state or federal governmental entity, or another other party due to:

* Damages resulting from an unauthorized person or entity who has obtained your profile information and misused same;
* Damages resulting from your registration information as a result of your failure to use reasonable care to keep your registration information confidential;
* Damages resulting from your failure to use reasonable care while using any Registry Products.
* Damages resulting from your negligence in your other duties regarding the use any Registry Products.

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These terms of Service shall be governed and construed in accordance with the laws of the State of Ohio. You expressly agree that the exclusive jurisdiction for any claim or action arising out of or relating to these Terms of Service or your use of the Registry shall be filed only in the state or federal courts located in the State of Ohio, and you further agree and submit to the exercise of personal jurisdiction of such courts for the purpose of litigating any such claim or action. The foregoing provision may not apply to you depending on the laws of your jurisdiction.

WAIVER AND SEVERABILITY

Failure by either party to exercise any of its rights hereunder or to enforce any provision of, these Terms of Service will not be deemed a waiver or forfeiture of such rights or ability to enforce such provision. If any provision of this Agreement is held by a court of competent jurisdiction to be illegal, invalid or unenforceable, that provision will be amended to achieve, as nearly as possible, the same economic effect of the original provision, and the remainder of this Agreement will remain in full force and effect.

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The Ohio Department of Health has the right to terminate your registration and registration account or your access to any Registry Products for any reason in the Ohio Department of Health’s sole discretion, including but not limited to termination, if it considers your use to be unacceptable, or in the event of any breach by you of the Terms of Service (either directly or through breach of any other terms and conditions or operating rules applicable to you). The Ohio Department of Health may, but shall be under no obligation to, provide you a warning prior to termination of your use of the Registry or Registry Products.

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These Terms of Service and any operating rules for any areas of functionality of the Registry and Registry Products established by the Ohio Department of Health constitute the entire agreement between the Ohio Department of Health and you, regarding the subject matter of these Terms of Service, and supersede all previous written or oral agreements. In the event of any inconsistency between these Terms of Service and any such other terms of use or operating rules of a specific Registry Product, these Terms of Service will supersede such other terms of service or operating rules. No waiver by either party of any breach or default hereunder shall be deemed to be a waiver of any preceding or subsequent breach or default. The section headings used herein are for convenience only and shall not be given any legal import.

Appendix II: Privacy Policy

OVERVIEW

The Ohio Department of Health and its agents, contractors, sub-contractors, and third party service providers (collectively, “Ohio Department of Health”) is strongly committed to protecting the privacy of registrants and users of its products and services. Throughout cyberspace, we want to contribute to providing a safe and secure environment for you, our users.

The purpose of this Privacy Policy is to inform you, as a user, to the Registry or user of any Registry content, what kinds of information we may gather about you when you visit the Registry, how we may use that information, whether we disclose it to anyone, and the choices you have regarding our use of, and your ability to correct, the information. This privacy policy applies to the Registry and any Registry content that incorporates this policy. Please note that this policy applies only to the Registry and Registry content, and not to other companies’ or organizations’ Web sites to which we link.

INFORMATION ABOUT ALL SITE VISITORS

In general, our Registry automatically gathers certain usage information like the numbers and frequency of visitors to the Registry. This is very much like television ratings that tell the networks how many people tuned in to a program. We only use such data in the aggregate. This aggregate data helps us determine how much you use parts of the Registry, so we can improve our Registry to assure that it is as appealing as we can make it for as many of you as possible. For example, the Ohio Department of Health’s Ohio Responds Volunteer Registry offered by the Ohio Department of Health uses a technology nicknamed “cookies” that tells us how and when pages in our Registry are visited, and by how many people. We also may provide statistical “ratings” information, never information about you personally, to our Registry partners about how you (volunteers and other entities that access the data) collectively, use the Registry.

Most browsers are initially set up to accept cookies. You can reset your browser to refuse all cookies or to indicate when a cookie is being sent.

DISCLOSURE

We do not use or disclose information about your individual visits to the Registry or information that you may give us on the Registry, such as your as e-mail address, gender, date of birth, social security number, Drivers License information, proof of Education, proof of health care professional licensure, DEA license verification, Medical Board Certification, National Practitioner Database Status, Inspector General Status, Active Clinical practice status, Active clinical privileges, and any other credentialing information (the Registration Information) as may be deemed necessary by us, to any outside entities. Please note that a volunteer’s name is public record. The Ohio Department of Health, through the Registry, may share such information in response to legal process, such as a court order or subpoena, or in special cases such as a physical threat to you or others. And, as we mention above, we may share with our Web site partners aggregated statistical “ratings” information about the use of the Registry.

SITE PRIVACY POLICY CHANGES

If we decide to change our privacy policy for the Registry, we will post those changes here so that you will always know what information we gather, how we might use that information and whether we will disclose it to anyone.

If you have questions or concerns regarding this statement, please contact us.

Effective January 11, 2012

Appendix III: Counties in Ohio

|  |  |
| --- | --- |
| Adams County | Licking County |
| Allen County | Logan County |
| Ashland County | Loraine County |
| Ashtabula County | Lucas County |
| Athens County | Madison County |
| Auglaize County | Mahoning County |
| Belmont County | Marion County |
| Brown County | Medina County |
| Butler County | Meigs County |
| Carroll County | Mercer County |
| Champaign County | Miami County |
| Clark County | Monroe County |
| Clermont County | Montgomery County |
| Clinton County | Morgan County |
| Columbiana County | Morrow County |
| Coshocton County | Muskingum County |
| Crawford County | Noble County |
| Cuyahoga County | Ottawa County |
| Darke County | Paulding County |
| Defiance County | Perry County |
| Delaware County | Pickaway County |
| Erie County | Pike County |
| Fairfield County | Portage County |
| Fayette County | Preble County |
| Franklin County | Putnam County |
| Fulton County | Richland County |
| Gallia County | Ross County |
| Geauga County | Sandusky County |
| Greene County | Scioto County |
| Guernsey County | Seneca County |
| Hamilton County | Shelby County |
| Hancock County | Stark County |
| Hardin County | Summit County |
| Harrison County | Trumbull County |
| Henry County | Tuscarawas County |
| Highland County | Union County |
| Hocking County | Van Wert County |
| Holmes County | Vinton County |
| Huron County | Warren County |
| Jackson County | Washington County |
| Jefferson County | Wayne County |
| Knox County | Williams County |
| Lake County | Wood County |
| Lawrence County | Wyandot County |

Appendix IV: Emergency Response Commitments

|  |  |
| --- | --- |
| American Red Cross (ARC) | Military |
| Behavioral Heath Disaster Responders | Military Reserves |
| Citizen Corps Counsel | National Disaster Medical System (NDMS) |
| Community Emergency Response Team (CERT | National Guard |
| Disaster Animal Response Team (DART) | Neighborhood Watch |
| Disaster Medical Assistance Team (DMAT) | Ohio Special Response Team (OSRT) |
| Disaster Mortuary Operational Response Team (DMORT) | Point of Dispensing (POD) |
| FIRE Corps  | Radiation Response Volunteer Corps (RRVC) |
| Faith based | Salvation Army |
| HAM Radio | Search and Rescue |
| Local Fire and Rescue | VIPS |
| Medical Reserve Corps (MRC) | VOAD |

Appendix V: Medical Occupations

|  |  |
| --- | --- |
| Advanced Practice Nurse | Medical Assistant |
| Cardiovascular Technologist and Technician | Medical Health Physicist |
| Certified Health Physicist | Medical Nuclear Radiological Physicist |
| Certified Nurse Assistance | Medical Records and Health Information Technician |
| Certified Nurse Midwife | Mental Health and Substance Abuse Social Worker |
| Certified Radiological Technologist | Mental Health Counselor |
| Certified Registers Nurse Anesthetist | Nuclear Medicine Technologist |
| Chiropractor | Nurse- Licensed Vocational |
| Clinical Nurse Specialist | Nurse Practitioner |
| Counselor, Mental Health | Other  |
| Counselor, Substance Abuse and Behavioral Disorder | Pharmacist |
| Dentist | Pharmacy Intern |
| Diagnostic Imaging Technician | Phlebotomist |
| Diagnostic Medical Sonographer | Physician  |
| Diagnostic Radiological Physicist | Physician Assistant |
| EMT- Basic | Psychiatric/ Mental Health Nurse |
| EMT- Intermediate | Psychologist |
| EMT- Paramedic | Public Health Nurse |
| Health Physicist | Radiation Therapist |
| Health Physicist Technician | Radiologic Technologist and Technician |
| Home Health Aid | Radiology Practitioner Assistance (RPA) |
| Licensed Practical Nurse | Registered Nurse |
| Limited X-Ray Machine Operator (LXMO) | Registered Radiologist Assistance (RRA) |
| Magnetic Resonance Imaging (MRI) Technologist | Registered Sanitarian  |
| Marriage and Family Therapist | Respiratory Therapist |
| Massage Therapist | Social Worker/ Clinical |
| Medical and Clinical Lab Technician | Surgical Technologist |
| Medical and Clinical Laboratory Technologist | Therapeutic Radiological Physicist |
| Medical and Public Health Social Worker | Veterinarian |
|  | Veterinary Technician |

Appendix VI: Non-medical Occupations

|  |  |
| --- | --- |
| 211 Cust. Serv, Pub Rel Support | Inspector, Building |
| Administrative Support Worker | Installation, Maintenance, and Repair |
| Animal Control Worker | Insurance |
| Architect | Interpreter |
| Budget Analyst | Interpreter, Sign Language |
| Building and Grounds Cleaning and Maintenance | Law Enforcement |
| Bus and Truck Mechanic or Diesel Engine Specialist | Law Enforcement, Detective and Criminal Investigator |
| Bus Driver, Transit and Intercity | Law Enforcement, First Line Supervisor/ Manger |
| Cement Mason or Concrete Finisher | Lawyer |
| Chaplin | Locksmith |
| Child Care Worker | Maintenance and Repair Worker, General |
| Clergy, All Other | Mechanic |
| Clerk, Bookkeeping, Accounting, or Auditing | Military |
| Commercial Driver | Nuclear Technician |
| Construction and Related Worker, All Other | Other |
| Construction Carpenter | Personal Care and Service |
| Correctional Officer | Physicist |
| Detective or Criminal Investigator | Pilot, Airline |
| Dispatcher | Procurement Specialist |
| Dredge operator | Public Relations Specialist |
| Embalmer | Public Relations Support |
| Engineer | Radiation Protection Professional  |
| Excavating and Loading Machine Operator | Radiation Safety |
| Fire Fighter | Radio Operator |
| Fire Investigator | Roofer |
| Food Preparation and Serving Related | Safety Officer |
| Food Service, Manager | Social and Human Service  |
| Funeral Director | Storage and Distribution Manager |
| General Animal Responder | Switchboard Operator |
| General Laborer | Translator |
| Government | Transportation Manager |
| Hazardous Materials Removal Worker | Transportation Worker, All Other |
| Heating and Air Conditioning Mechanic | Truck Driver, light or delivery services |
| Information Technology | Truck Driver- Tractor- Trailer |
| Inspector, All Other | Welder |

Appendix VII: Hospitals

|  |  |
| --- | --- |
| Adams County Regional Medical Center | Mercy Health- Clermont Hospital |
| Adena Greenfield Medical Center | Mercy Health -Mt Airy Hospital |
| Adena Health System | Mercy Health- Western Hills Hospital |
| Affinity Medical Center | Mercy Health-Fairfield Hospital |
| Akron Children’s Hospital | Mercy Hospital Of Defiance |
| Akron Children's Hospital Mahoning Valley | Mercy Medical Center |
| Akron City Hospital | Mercy Memorial Hospital |
| Akron General Medical Center | Mercy Regional Medical Center  |
| Alliance Community Hospital | Mercy St. Anne Hospital |
| Ashtabula County Medical Center | Mercy St. Charles Hospital |
| Atrium Medical Center | Mercy St. Vincent Medical Center |
| Aultman Hospital | Mercy Tiffin Hospital |
| Aultman Orrville Hospital | Mercy Willard Hospital |
| Barberton Hospital | Metro Health Medical Center |
| Barnesville Hospital Association | Miami Valley Hospital |
| Belmont Community Hospital | Miami Valley Hospital South |
| Berger Health System | Morrow County Hospital |
| Bethesda North Hospital | Mt Carmel West Hospital |
| Blanchard Valley Hospital | Mt. Carmel East Hospital |
| Bluffton Hospital | Mt. Carmel St Ann’s Hospital  |
| Bucyrus Community Hospital | Nationwide Children’s Hospital |
| Cincinnati Children's Hospital Medical Center | Northside Medical Center |
| Cleveland Clinic Foundation | O’ Bleness Memorial Hospital |
| Clinton Memorial Hospital | Ohio State University Hospital East |
| Community Hospitals and Wellness Centers - Montpelier | Ohio State University Medical Center |
| Community Hospitals and Wellness Centers- Bryan | Parma Community General Hospital |
| Community Memorial Hospital | Paulding County Hospital |
| Coshocton County Memorial Hospital | Pike Community Hospital |
| Dayton Children’s | Pomerene Hospital |
| Diley Ridge Hospital | ProMedica Bay Park Hospital |
| Doctors Hospital | ProMedica Defiance Regional Hospital |
| Doctors Hospital of Nelsonville | ProMedica Flower Hospital |
| Dublin Methodist Hospital | ProMedica Fostoria Community Hospital |
| East Liverpool City Hospital | ProMedica St. Luke’s Hospital |
| East Ohio Regional Hospital | ProMedica Toledo Hospital/Toledo Children’s Hospital |
| EMH Elyria Medical Center | Riverside Methodist Hospital |
| Euclid Hospital | Robinson Memorial Hospital |
| Fairfield Medical Center | Salem Community Hospital |
| Fairview Hospital | Samaritan Regional Health System |
| Fayette County Memorial Hospital | Selby General Hospital |
| Firelands Regional Medical Center | Shriners Hospital For Children  |
| Fisher Titus Medical Center | South Pointe Hospital |
| Fort Hamilton Hospital | Southeastern Ohio Regional Medical Center |
| Fulton County Health Center | Southern Ohio Medical Center |
| Galion Community Hospital | Southview Medical Center |
| Genesis Healthcare System - Bethesda Hospital | Southwest General Health Center |
| Genesis Healthcare System - Good Samaritan Hospital | Southwest Regional Medical Center |
| Good Samaritan Hospital- Cincinnati | Springfield Regional Medical Center  |
| Good Samaritan Hospital- Dayton | St Elizabeth Health Center |
| Grady Memorial Hospital | St John Medical Center  |
| Grandview Medical Center | St Joseph Health Center |
| Grant Medical Center | St Rita's Medical Center |
| Greene Memorial Hospital | St Vincent Charity Medical Center  |
| Hardin Memorial Hospital | St. Elizabeth Boardman Health Center |
| Harrison Community Hospital | St. Thomas Hospital |
| Henry County Hospital | Sycamore Medical Center |
| Highland District Hospital | The Bellevue Hospital |
| Hillcrest Hospital | The Christ Hospital |
| Hocking Valley Community Hospital | The Jewish Hospital-Mercy Health |
| Holzer Medical Center | Tri Point Medical Center  |
| Holzer Medical Center Jackson | Trinity Medical Center-West |
| Indu & Raj Soin Medical Center | Trumbull Memorial Hospital |
| Joint Township District Memorial Hospital | Twin City Hospital |
| Kettering Medical Center | UH Ahuja Medical Center |
| Knox Community Hospital | UH Bedford Medical Center  |
| Lakewood Hospital | UH Case Medical Center  |
| Licking Memorial Health Systems | UH Conneaut Medical Center  |
| Lima Memorial Health System | UH Geauga Medical Center  |
| Lodi Community Hospital | UH Geneva Medical Center  |
| Lutheran Hospital | UH Richmond Medical Center  |
| Madison County Hospital | Union Hospital |
| Magruder Hospital | University Hospital |
| Marietta Memorial Hospital | University Hospitals Rainbow Babies and Children’s Hospital |
| Marion General Hospital | University of Toledo Medical Center |
| Mary Rutan Hospital | Upper Valley Medical Center |
| Marymount Hospital | Van Wert County Hospital |
| McCullough-Hyde Memorial Hospital | Wadsworth Rittman Hospital |
| Medcentral Mansfield Hospital | Wayne Health Care |
| Medcentral Shelby Hospital | West Chester Hospital |
| Medina Hospital | West Medical Center |
| Memorial Hospital | Western Reserve Hospital |
| Memorial Hospital Of Union County | Wilson Memorial Hospital |
| Mercer County Community Hospital | Wood County Hospital |
| Mercy Allen Hospital | Wooster Community Hospital |
| Mercy Health- Anderson Hospital | Wyandot Memorial Hospital |

Appendix VIII: Approved Trainings

|  |  |
| --- | --- |
| Advanced Radiation Medicine | Incident Command System courses |
| Any FEMA Independent Study (IS) courses | Introduction to MRC (MRC 101) |
| Any FEMA Emergency Management Institute (EMI) courses | Medical Countermeasures |
| Any FEMA classroom courses offered by Ohio Emergency Management Agency (OEMA) | Preparing for a Federal Deployment (MRC) |
| Behavioral/ Mental Health | Professional/ Certification CEUs |
| CERT Training | Radiation Emergency Assistance and Training Center (REAC/TS) |
| Community Reception Center (CRC) Training | Radiation Emergency Medicine |
| Disaster Medicine | Red Cross/ AHA (CPR/ First Aid) |
| Emergency/ Disaster Preparedness training | Any other Red Cross Courses |
| Functional Needs Populations | Search and Rescue Related Courses |
| Hazardous Materials Classes (Awareness, operations, technician, military equivalent) | Volunteer Reception Center Training |
| Health Physics in Radiological Emergencies | VRC Just In Time Training (Overview of Disasters and Safety) |

Appendix IX: Skills/Certifications

|  |  |
| --- | --- |
| 0 Years Radiation Experience  | HAZMAT Awareness |
| 11-15 Years Radiation Experience | HAZMAT Operations |
| 1-5 Years Radiation Experience | HAZMAT Technician |
| 15+ Years Radiation Experience | Hospital Emergency ICS |
| 6-10 Years Radiation Experience | Hospital Preparedness |
| Advanced Cardiac/ Disaster/ Trauma Life Support | Interpreter |
| American Board of Health Physics (ABHP) | Inventory Management  |
| American Board of Radiology (ABR) | Listed on Radioactive Materials License |
| American Board of Science in Nuclear Med (ABSNM) | Loading/ Shipping |
| American Registry of Radiological Tech (ARRT) | Nat Registry of RAD Protection (NRRPT) |
| Automated External Defibrillator | Nuclear Medicine Technologist |
| Basic Disaster/ Life Support | Office Management |
| Bloodbourne Pathogens | Peace Officer |
| Broad Scope Authorization | Pediatric Advanced Life Support |
| Canine Handler | Psychosocial Support |
| Cardio-pulmonary Resuscitation | Radio Operator |
| Certified Nuclear Pharmacist | Risk Communication/ Media Relations |
| Clerical Work | Search and Rescue |
| Computer Networking | Security Guard |
| Data Entry | SNS Mass Dispensing |
| Disease Surveillance | Special Populations training |
| First Aid | Vaccine Administration, Smallpox |
|  | Volunteer Management |

Appendix X: Languages

|  |  |
| --- | --- |
| American Sign Language | Hungarian |
| Arabic (Egyptian) | Irish |
| Arabic (Levantine) | Italian |
| Arabic (Modern Standard) | Japanese |
| Arabic (Moroccan) | Korean |
| Aramaic | Mandarin |
| Croatian | Mongolian |
| French | Polish Portuguese |
| German | Punjabi |
| Greek | Russian |
| Haitian Creole | Somali |
| Hawaiian | Spanish |
| Hebrew | Vietnamese |
| Hindi |  |