



OHIO DEPARTMENT OF NATURAL RESOURCES  
DIVISION OF WATERCRAFT  
watercraft.ohiodnr.gov • 1-877-4BOATER (Ohio only)



# OHIO BOATING EDUCATION COURSE INSTRUCTOR APPLICANT PACKET

## APPLICATION STEPS

1. Obtain an OBEC Instructor Applicant Packet (this packet) and review information thoroughly.
2. Be sure to meet all Minimum Qualifications (see page 2).
3. Call us or visit our web site to determine when and where the next OBEC Instructor Certification Course will be held.
4. Complete and submit Instructor Application (DNR8285) and Authority To Release Information (DNR 8288) forms found in this packet.
5. We review your application and conduct a background check.
6. If accepted, you will receive
  - an OBEC Instructor Manual and a
  - Manual Receipt and Conduct Agreement (DNR 8287).

## CERTIFICATION STEPS

1. Complete and submit Manual Receipt and Conduct Agreement (DNR 8287) to the Boating Education Coordinator.
2. Become familiar with the contents of the OBEC Instructor Manual, including the Policies and Procedures, Lesson Plan, and audio-visual materials. A worksheet provided with the manual must be completed prior to attending the OBEC Instructor Certification Course.
3. Attend and successfully complete the OBEC Instructor Certification Course and meet all course requirements. Course requirements include and are not limited to passing a written exam with a minimum score of 80% and conducting a satisfactory 15-minute student teaching presentation on an assigned topic. Based on your performance, the Boating Education Coordinator may require that you obtain public speaking training and/or co-teaching experience or additional knowledge of lesson plan content.
4. Receive an OBEC Instructor Certification.

## RE-CERTIFICATION

1. Instructor must teach/co-teach a minimum of one course per year to maintain an active Instructor Certification.
2. Instructors must attend and complete an annual Instructor Re-Certification Update to maintain an active Instructor Certification. This session is provided annually at several locations across the state at no charge.
3. The Boating Education & Information Manager reserves the right to revoke an Instructor's Certification for failure to maintain an active status or for non-compliance with OBEC Policies and Procedures as stated in the OBEC Instructor Manual.



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## OHIO BOATING EDUCATION COURSE INSTRUCTOR POSITION DESCRIPTION

### MINIMUM QUALIFICATIONS

#### **An Ohio Boating Education Course (OBEC) Instructor Candidate shall:**

1. Be at least 21 years of age.
2. Pass a background check conducted by the Ohio Division of Watercraft.
3. Have successfully completed the classroom version of the basic student level Ohio Boating Education Course since October 1999. Pass the final exam (proctored only) with a minimum score of 70%. A copy of the course certificate must be submitted along with the application.
4. Have a minimum of one year of boating experience.
5. Have a minimum of 60 hours of teaching and/or public speaking experience.
6. Have a high moral character.

### DUTIES AND RESPONSIBILITIES

#### **An Ohio Boating Education Course Instructor must:**

1. Be familiar with and observe Chapters 1547 and 1548 of the Ohio Revised Code and Chapters 1501:47-1 and 1501:47-2 of the Ohio Administrative Code and other rules and regulations that pertain to boating.
2. Be familiar with National Boating Education Standards set forth by the National Association of State Boating Law Administrators (NASBLA).
3. Be familiar with all sections of the Ohio Boating Education Course Instructor Manual and audiovisual materials.
4. Plan, promote, organize and conduct the Ohio Boating Education Course within the local community.
5. Be able to operate and maintain audio-visual equipment used in teaching the Ohio Boating Education Course including a television, video cassette player, overhead projector and slide projector.
6. Become proficient in utilizing PowerPoint software and be able to operate a laptop computer and LCD projector to conduct PowerPoint presentations in a classroom setting.
7. Instruct the standardized Ohio Boating Education Course in accordance with NASBLA Education Standards and the approved OBEC Lesson Plan. Proctor exams and evaluate students.
8. Complete course forms and maintain course records and submit them to the division in a timely manner as required.
9. Adhere to the Policies and Procedures set forth in the OBEC Instructor Manual.
10. Teach/co-teach a minimum of one course each year and attend and complete an annual Instructor Re-Certification Update.
11. Display a willing attitude to deal with the public in a professional, courteous and helpful manner.

*(continued)*

12. Present a neat, clean and professional appearance at all times while representing the division.
13. Instructors may be asked to submit ideas and suggestions for program improvement.
14. Responsible to the B.E.&I. Manager or designee(s), Boating Education Coordinator or designee(s) and the Home Field Office management staff or designee(s). The Boating Education Coordinator and Home Field Office staff will provide program support and be available to answer questions.

### **PERIOD OF SERVICE**

OBEC Instructors are requested to offer a minimum of 2 years' service and maintain an active Instructor Certification.

### **REVOCATION OF CERTIFICATION**

The OBEC Program Administrator reserves the right to revoke an Instructor's Certification for failure to maintain an active status or for non-compliance with OBEC Policies and Procedures as stated in the OBEC Instructor Manual.



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## OHIO BOATING EDUCATION COURSE INSTRUCTOR APPLICATION

This application is to indicate my intent and willingness to receive training in policies and procedures and standardized content of the Ohio Boating Education Course and, upon successful completion of the Instructor Certification program, offer the course to the general public. I understand that I must be 21 years of age or older and meet the Minimum Qualifications listed in the Instructor Applicant Packet.

Complete this application and mail to: Boating Education Coordinator  
 ODNR Division of Watercraft  
 2045 Morse Road, Bldg. C  
 Columbus, Ohio 43229-6693

*Please type or print:*

Name: \_\_\_\_\_  
Last First MI

Home Address: \_\_\_\_\_  
Street City County State Zip Code

Phone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Extension: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Street City State Zip Code

Which Instructor Course will you be attending? \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you ever been convicted of a felony? Yes\_\_ No\_\_ Have you ever been convicted of any criminal violation or violation of Ohio's boating laws? Yes\_\_ No\_\_ Complete and attach a signed Authority to Release Information form (DNR 8288) with this application.

Indicate your highest level of formal education and school(s) attended:

High School: \_\_\_\_\_ Grade completed: \_\_\_\_\_ Diploma: Yes\_\_ No\_\_  
School Location

College/Univ.: \_\_\_\_\_ Major: \_\_\_\_\_ Diploma: Yes\_\_ No\_\_  
School Location

*Continued...*

Do you have any special communication skills (ie; sign language, speak foreign languages, etc.)?

Describe: \_\_\_\_\_

List any groups, clubs or organizations of which you are a member or volunteer:

List and describe any teaching or public speaking experience which meets the minimum qualification(s) of (60) sixty hours of experience:

**Required Prerequisite:** Attach a copy of your Ohio Boating Education Course certificate. Date of Course: \_\_\_\_\_ Location of Course: \_\_\_\_\_

List any other boating courses you have successfully completed. Indicate which courses are NASBLA approved, if known: (attach a copy of certificate(s) if available)

Indicate years of experience in operation of the following types of boats: \_\_\_\_\_ Inboard \_\_\_\_\_ I/O \_\_\_\_\_ Outboard \_\_\_\_\_ Personal Watercraft \_\_\_\_\_ Sailboat \_\_\_\_\_ Canoe \_\_\_\_\_ Kayak \_\_\_\_\_ Other: \_\_\_\_\_

Describe any experience in operation of the boats indicated above:

Have you ever owned or do you presently own any boats?

Describe: \_\_\_\_\_

List any counties in which you are interested in teaching the Ohio Boating Education Course:

I hereby certify that all statements on this application are true and correct to the best of my knowledge. I am aware that all statements contained herein may or will be verified and that willful misrepresentation will result in disapproval of this application. I grant permission for the ODNR Division of Watercraft to conduct a background investigation for information of any criminal record. I have attached a signed copy of the Authority to Release Information form (DNR 8288) for this purpose.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Application approved:  Yes  No By: \_\_\_\_\_ Date: \_\_\_\_\_



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## OHIO BOATING EDUCATION COURSE Authority to Release Information

**To Whom It May Concern:**

I hereby authorize any authorized representative of the Ohio Department of Natural Resources (ODNR) Division of Watercraft bearing this release, or copy thereof, within one year of its date, to conduct a complete background investigation and release their findings to the Ohio Department of Natural Resources Division of Watercraft Boating Education & Information Section Manager.

I further authorize any ODNR Division of Watercraft representative to collect background information from the Bureau of Criminal Investigation, and/or any police, sheriff, or law enforcement agency they deem necessary. I hereby direct you to release such information upon request by the bearer.

I hereby release you, custodian of such records, and any law enforcement agency, including its officers, employees, or related personnel, both individually and/or collectively from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

Should there be any question as to the validity of this release, you may contact me as indicated below.

PLEASE PRINT OR TYPE:

>			/	/
	LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH
>				
	STREET ADDRESS	CITY	STATE	ZIP CODE
>				
	DRIVER'S LICENSE NUMBER	STATE ISSUED	EXPIRATION DATE	
>				
	(     )	(     )		
	DAY PHONE	EVENING PHONE		
>				
	EMPLOYER	CITY & COUNTY OF EMPLOYMENT		
>				
	SUPERVISOR	SUPERVISOR PHONE		
>				
	LEGAL SIGNATURE	DATE		
>				
	WITNESS SIGNATURE (REQUIRED)	DATE		