



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 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 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.

First Name: _____

Last Name: _____

Ohio Responds Volunteer Registry Volunteer Registration

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*

Initials of Volunteer _____

Initials of Administrator _____

Ohio Department of Health

First Name: _____

Last Name: _____

Ohio Responds Volunteer Registry Volunteer Registration

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

First Name: _____

Last Name: _____

Ohio Responds Volunteer Registry Volunteer Registration

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.

Initials of Volunteer _____

Initials of Administrator _____

First Name: _____

Last Name: _____

Ohio Responds Volunteer Registry Volunteer Registration

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 ***REQUIRED**

***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:**

Initials of Volunteer _____

Initials of Administrator _____

First Name: _____

Last Name: _____

Ohio Responds Volunteer Registry Volunteer Registration

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 Retired

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

Initials of Volunteer _____

Initials of Administrator _____

Ohio Department of Health

First Name: _____

Last Name: _____

Ohio Responds Volunteer Registry Volunteer Registration

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.*

Initials of Volunteer _____

Initials of Administrator _____

Ohio Department of Health

First Name: _____

Last Name: _____

Ohio Responds Volunteer Registry Volunteer Registration

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 Retired

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

Initials of Volunteer _____

Initials of Administrator _____

Ohio Department of Health

First Name: _____

Last Name: _____

Ohio Responds Volunteer Registry Volunteer Registration

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.* _____

Initials of Volunteer _____

Initials of Administrator _____

Ohio Department of Health

First Name: _____

Last Name: _____

Ohio Responds Volunteer Registry Volunteer Registration

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.*

First Name: _____

Last Name: _____

Ohio Responds Volunteer Registry Volunteer Registration

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.

Initials of Volunteer _____

Initials of Administrator _____

First Name: _____

Last Name: _____

Ohio Responds Volunteer Registry Volunteer Registration

LANGUAGES ***REQUIRED**

Select languages from list in Appendix X: Languages

Additional Languages #1:

Spoken Ability:	<input type="checkbox"/> Basic	<input type="checkbox"/> Conversational	<input type="checkbox"/> Fluent
Written Ability:	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Expert <input type="checkbox"/> None

Additional Languages #2:

Spoken Ability:	<input type="checkbox"/> Basic	<input type="checkbox"/> Conversational	<input type="checkbox"/> Fluent
Written Ability:	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Expert <input type="checkbox"/> 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:**

Initials of Volunteer _____

Initials of Administrator _____

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.

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NO SUPPORT BY THE OHIO DEPARTMENT OF HEALTH ON THE REGISTRY

You understand that your use of the Registry and any Registry Product is at your own risk and that the Ohio Department of Health provides no assistance other than the information posted on the Registry. The Ohio Department of Health is under no obligation to provide you with any error corrections, updates, upgrades, bug fixes and/or enhancements of the Software.

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Under no circumstances shall the Ohio Department of Health be held responsible or liable, directly or indirectly, for any loss or damage caused or alleged to have been caused to you in connection with the use of or reliance on any content, goods or services available on such external sites. You should direct any concerns to such external Registry administrator or Webmaster.

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YOUR USE OF THE REGISTRY AND REGISTRY PRODUCTS AND SOFTWARE IS AT YOUR SOLE RISK. THE REGISTRY AND REGISTRY PRODUCTS AND SOFTWARE ARE PROVIDED "AS IS," "WITH ALL FAULTS" AND "AS AVAILABLE" FOR YOUR USE, WITHOUT WARRANTIES OF ANY KIND, EITHER EXPRESS OR IMPLIED, UNLESS SUCH WARRANTIES ARE LEGALLY INCAPABLE OF EXCLUSION. SPECIFICALLY, THE OHIO DEPARTMENT OF HEALTH DISCLAIMS IMPLIED WARRANTIES THAT THE REGISTRY AND REGISTRY PRODUCTS AND SOFTWARE ARE MERCHANTABILITY, OF SATISFACTORY QUALITY, ACCURATE, FIT FOR A PARTICULAR PURPOSE OR NEED, OR NON-INFRINGEMENT. THE OHIO DEPARTMENT OF HEALTH DOES NOT WARRANT THAT THE FUNCTIONS CONTAINED IN THE REGISTRY OR REGISTRY PRODUCTS AND SOFTWARE WILL MEET YOUR REQUIREMENTS OR THAT THE OPERATION OF THE REGISTRY OR REGISTRY PRODUCTS AND SOFTWARE WILL BE UNINTERRUPTED OR ERROR-FREE, OR THAT DEFECTS IN THE REGISTRY OR REGISTRY PRODUCTS AND SOFTWARE WILL BE CORRECTED. THE OHIO DEPARTMENT OF HEALTH DOES NOT WARRANT OR MAKE ANY REPRESENTATIONS REGARDING

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LIMITATION OF LIABILITY

THE OHIO DEPARTMENT OF HEALTH'S ENTIRE LIABILITY AND YOUR EXCLUSIVE REMEDY WITH RESPECT TO ANY DISPUTE WITH THE OHIO DEPARTMENT OF HEALTH (INCLUDING WITHOUT LIMITATION YOUR USE OF THE REGISTRY AND REGISTRY PRODUCTS) IS TO DISCONTINUE YOUR USE OF THE REGISTRY AND REGISTRY PRODUCTS. THE OHIO DEPARTMENT OF HEALTH SHALL NOT BE LIABLE FOR ANY INDIRECT, SPECIAL, INCIDENTAL, CONSEQUENTIAL OR EXEMPLARY DAMAGE ARISING FROM YOUR USE OF THE REGISTRY OR ANY REGISTRY PRODUCT, OR FOR ANY OTHER CLAIM RELATED IN ANY WAY TO YOUR USE OF THE REGISTRY OR REGISTRY PRODUCTS. THESE EXCLUSIONS FOR INDIRECT, SPECIAL, INCIDENTAL, CONSEQUENTIAL OR EXEMPLARY DAMAGES INCLUDE, WITHOUT LIMITATION, DAMAGES FOR LOST PROFITS, LOST DATA, LOSS OF GOODWILL, WORK STOPPAGE, COMPUTER FAILURE OR MALFUNCTION, OR ANY OTHER COMMERCIAL OR PERSONAL DAMAGES OR LOSSES, EVEN IF THE OHIO DEPARTMENT OF HEALTH HAD BEEN ADVISED OF THE POSSIBILITY THEREOF AND REGARDLESS OF THE LEGAL OR EQUITABLE THEORY UPON WHICH THE CLAIM IS BASED. BECAUSE SOME CLIENTS OR

JURISDICTIONS DO NOT ALLOW THE EXCLUSION OR THE LIMITATION OF LIABILITY FOR CONSEQUENTIAL OR INCIDENTAL DAMAGES, IN SUCH CLIENTS OR JURISDICTIONS, THE CLIENT'S LIABILITY IN SUCH STATE OR JURISDICTION SHALL BE LIMITED TO THE EXTENT PERMITTED BY LAW.

THE OHIO DEPARTMENT OF HEALTH DOES NOT ENDORSE, WARRANT OR GUARANTEE ANY PRODUCT OR SERVICE OFFERED THROUGH THE REGISTRY OR ANY REGISTRY PRODUCT, AND WILL NOT BE A PARTY TO OR IN ANY WAY BE RESPONSIBLE FOR MONITORING ANY TRANSACTION BETWEEN YOU AND THIRD-PARTY PROVIDERS OF PRODUCTS OR SERVICES.

INDEMNIFICATION

You agree to defend, indemnify and hold harmless the Ohio Department of Health, and their respective directors, officers, employees and agents from and against all claims and expenses, including attorneys' fees, arising out of your use of the Registry and Registry Products. The Ohio Department of Health reserves the right, at its own expense and in its sole discretion, to assume the exclusive defense and control of any matter otherwise subject to indemnification by you.

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.

CHOICE OF LAW AND FORUM

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.

TERMINATION

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.

TRADEMARKS

All trademarks appearing on the Registry and on any Registry Products are the property of their respective owners.

MISCELLANEOUS

The provisions of these Terms of Service addressing disclaimers of representations and warranties, limitation of liability, indemnity obligations, intellectual property, and governing law shall survive the termination of these Terms of Service, your registration with the Registry and use of any Registry Products.

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 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

Ohio Responds Volunteer Registry Volunteer Registration

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 Health 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 Registered 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

Ohio Responds Volunteer Registry Volunteer Registration

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

Ohio Responds Volunteer Registry Volunteer Registration

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

Ohio Responds Volunteer Registry Volunteer Registration

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

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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
Bloodborne Pathogens	Peace Officer
Broad Scope Authorization	Pediatric Advanced Life Support
Canine Handler	Psychosocial Support

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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	