

**SUPPLEMENTAL POSITION LETTER  
OF INTEREST REQUIRING A PAV**

**As of \_\_\_\_\_, please accept this letter of**  
(Date)  
**interest for the supplemental position of**

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**during the 2021-2022 school year for the**  
**Clear Fork Valley Local Schools.**

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(Print Name)

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(Signature)

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(Date)

**As the District Activities Coordinator, I certify by initialing each line below that the above has completed the following and documentation is on file:**

\_\_\_\_\_ **Current CPR Card that does not expire until the season is over**

\_\_\_\_\_ **Concussion in Sports (good for 3 years)**

\_\_\_\_\_ **Fundamentals of Coaching**

\_\_\_\_\_ **Sudden Cardiac Arrest (update yearly)**

\_\_\_\_\_ **Applied for PAV Certificate on-line with ODE**

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(District Activities Coordinator's Signature)

**Date** \_\_\_\_\_

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(Superintendent's Signature)

**Date** \_\_\_\_\_