OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

REQUEST FOR EXTENSION OF EMS CERTIFICATES

Incomplete forms **WILL NOT** be processed.

Required fields, as indicated by an asterisk (*), must be completed.

(Please print legibly and use black or blue ink.)

The purpose of this form is to request a 90-day extension to complete the continuing education and / or instructional requirements to renew an **Emergency Medical Responder (EMR)**, **Emergency Medical Technician (EMT)**, **Advanced Emergency Medical Technician (AEMT)**, **Paramedic**, **EMS Instructor**, **Assistant EMS Instructor**, and / or **Continuing Education Instructor** certification.

Please note: If an extension of greater than 90 days is needed, a written request may be submitted in accordance with Rule 4765-19-03 of the Ohio Administrative Code (O.A.C.). These requests will be reviewed on a case-by-case basis. Only one extension can be granted for a certification period.

LEGAL LAST NAME*	LEGAL FIRST NAME*	LEGAL MIDDLE INITIAL	SUFFIX
HOME ADDRESS (STREET)*			P.O. BOX
CITY*	STATE*	ZIP CODE*	COUNTY OF RESIDENCE
HOME PHONE #	WORK PHONE #	CELL PHONE #	
E-MAIL ADDRESS*	SECONDARY E-MAIL ADDRESS		
CERTIFICATION #*	CERTIFICATION EXPIRATION DATE*	DATE OF BIRTH*	

EXTENSION REQUEST FOR THE FOLLOWING CERTIFICATION(S)*	**COMPLETE**	**PARTIAL** (if so # of CE / Instructional hours completed)
☐ EMERGENCY MEDICAL RESPONDER	☐	☐
☐ EMERGENCY MEDICAL TECHNICIAN	☐	☐
☐ ADVANCED EMERGENCY MEDICAL TECHNICIAN	☐	☐
☐ PARAMEDIC	☐	☐
☐ EMS INSTRUCTOR	☐	☐
☐ ASSISTANT EMS INSTRUCTOR	☐	☐
☐ CONTINUING EDUCATION INSTRUCTOR	☐	☐

ATTESTATION

I understand that in requesting this 90-day extension, I certify that I am unable to meet the continuing educational requirements and / or instructional renewal requirements for certification renewal prior to the expiration date and in accordance with O.A.C. Rules 4765-12-03, 4765-15-03, 4765-16-03, 4765-17-02, and / or Chapter 4765-18.

I understand that should the extension request not be granted, my certification(s) will be considered lapsed / expired, and I must immediately cease functioning as an EMR, EMT, AEMT, Paramedic, EMS Instructor, Assistant EMS Instructor, and / or Continuing Education Instructor. I further understand that the certification(s) may be reinstated, in accordance with Rule 4765-8-18 and / or Chapter 4765-18 of the O.A.C. as applicable.

APPLICANT'S SIGNATURE*	DATE*
X	

Return To:

OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES
1970 West Broad St., P.O. Box 182073
Columbus, OH 43218-2073

Any questions please contact us at:
(800) 233-0785 OR FAX: (614) 466-9461