



### EMS CONTINUING EDUCATION INSTRUCTOR INITIAL APPLICATION

Incomplete applications WILL NOT be processed.

Required fields, denoted by an asterisk (\*), must be completed.  
*(Please print legibly and use black or blue ink.)*

The purpose of this form is to apply for an initial EMS Continuing Education Instructor certificate to teach.  
For information on certification requirements, please visit our webpage at [www.ems.ohio.gov](http://www.ems.ohio.gov).

LEGAL LAST NAME*		LEGAL FIRST NAME*		LEGAL MI	SUFFIX
HOME ADDRESS (STREET)*				P.O. BOX	
CITY*		STATE*	ZIP CODE*	COUNTY OF RESIDENCE	
HOME PHONE NUMBER		WORK PHONE NUMBER		CELL PHONE NUMBER	
E-MAIL ADDRESS*			SECONDARY E-MAIL ADDRESS		
SOCIAL SECURITY NUMBER*	Disclosure of social security # is mandatory pursuant to Ohio Revised Code (R.C.) 3123.50 in furtherance of licensing provision and any other state or federal requirements.		DATE OF BIRTH*	LICENSE / CERTIFICATE NUMBER*	

**ARMED FORCES INFORMATION\*** **Mark at least one response.**

Using the definition of armed forces provided, check all that apply and provide information requested.

"Armed forces" means the armed forces of the United States, including the army, navy, air force, marine corps, coast guard, or any reserve components of those forces; the national guard of any state; the commissioned corps of the United States public health service; the merchant marine service during wartime; such other service as may be designated by congress; or the Ohio organized militia when engaged in full-time national guard duty for a period of more than thirty days. (R.C. section 5903.01)

I am a veteran of the armed forces, discharged / released under honorable conditions.  
Year of discharge / release \_\_\_\_\_

I am a current member of the armed forces.

I am a spouse of a current member of the armed forces or a veteran, discharged / released under honorable conditions.  
Year of veteran's discharge / release \_\_\_\_\_

I am a surviving spouse of a service member or veteran, discharged / released under honorable conditions.  
Year of veteran's discharge / release \_\_\_\_\_

None of the above.

**You must answer the following questions for your application to be considered:\***

- Do you have any charges pending or have a conviction for a felony or a misdemeanor (other than minor traffic violation)? \*  Yes  No
- Has your EMS or instructor certificate, in this or any other state, ever been suspended, revoked, or is currently under disciplinary sanctions?\*  Yes  No

*If you answered "Yes" to either of these questions, complete the Declaration of Criminal History portion on Page 3 of this application.*

**SELECT YOUR CURRENT CERTIFICATION(S)\* (MARK ALL THAT APPLY)**

Emergency Medical Responder     Advanced Emergency Medical Technician     Registered Nurse

Emergency Medical Technician     Paramedic     Physician Assistant

**EMS CONTINUING EDUCATION INSTRUCTOR CANDIDATES MUST MEET ALL OF THE FOLLOWING QUALIFICATIONS:\***

- Possess a current and valid certificate / license to practice as an EMS provider, RN, or PA that is in good standing;
- Have been certified / licensed for at least three (3) years out of the preceding five (5) years as an EMS provider, RN, or PA; and
- Submit written documentation of qualifications to teach to the Program Director of the Accredited / Approved institution specified on this application.

**ATTESTATION**

I attest that all information provided is true and accurate to the best of my knowledge. I understand that a false statement on this application may constitute falsification under Section 2921.13 of the R.C. and is a misdemeanor of the first degree. Any false statement may also be grounds for denial, suspension, revocation, or other disciplinary action taken against my certificate as determined by the Ohio State Board of Emergency Medical, Fire, and Transportation Services (EMFTS). I further attest that I satisfy all requirements for a certificate at the level sought in this application as set forth in Section 4765.23 of the R.C. and Chapter 4765-18 of the Ohio Administrative Code (O.A.C.). I am solely responsible for my certificate. I understand that I must maintain records relating to the requirements for continuing education and instructional renewal requirements. Such records are subject to audit by the Division of EMS, as directed by the Ohio State Board of EMFTS. I hereby give permission to the Ohio Department of Public Safety, Division of EMS to verify any of the above information.

APPLICANT'S SIGNATURE \*

DATE

**X****ACCREDITED OR APPROVED INSTITUTION ATTESTATION:\***

I hereby attest that the above named applicant has provided written documentation of qualifications to teach in accordance with O.A.C. 4765-18, for a certificate to teach as an EMS continuing education instructor.

PROGRAM DIRECTOR'S NAME\* (PRINTED)

PROGRAM DIRECTOR'S SIGNATURE\*

DATE\*

**X**

ACCREDITED INSTITUTION\*

ACCREDITED INSTITUTION CERTIFICATION NUMBER\*

**NOTE: In the event that the applicant is the EMS Program Director, then the Program's Medical Director must sign this application.**

I hereby attest that the above named applicant has provided written documentation of qualifications to teach in accordance with O.A.C. 4765-18, for a certificate to teach as an EMS continuing education instructor.

PROGRAM MEDICAL DIRECTOR'S NAME\* (PRINTED)

PROGRAM MEDICAL DIRECTOR'S SIGNATURE\*

DATE\*

**X**

ACCREDITED INSTITUTION\*

ACCREDITED INSTITUTION CERTIFICATION NUMBER\*

**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

## DECLARATION OF CRIMINAL HISTORY

**INSTRUCTIONS:** All Information MUST be included. Print legibly and use black or blue ink. Complete the form in its entirety pursuant to R.C. 4765.

LEGAL LAST NAME*	LEGAL FIRST NAME*	LEGAL MIDDLE INITIAL	SUFFIX
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**CRIMINAL HISTORY INFORMATION\***

CRIMINAL CONVICTION	COURT WHERE CONVICTION OCCURRED	CONVICTION DATE	CONVICTION MISDEMEANOR / FELONY LEVEL	ARRESTING LAW ENFORCEMENT AGENCY

- I. If you have been convicted of any felony, a misdemeanor committed in the course of practice, or a misdemeanor involving moral turpitude, you shall provide the Division of Emergency Medical Services with all of the following:
  - 1. **A civilian background check from the Bureau of Criminal Identifications & Investigations (BCI&I);**
  - 2. **Certified copy of the police or law enforcement agency report, if applicable; and**
  - 3. **Certified copy of the judgment entry from the court in which the conviction occurred.**
  
- II. If you have previously disclosed any of the above information to the Division of EMS, please explain below to include when you reported the conviction(s) and submitted to the Division of EMS the information included in item numbered (I) and disposition taken by the Ohio State Board of EMFTS.\*

- III. Provide an explanation for the suspension, revocation, or other disciplinary sanction(s) issued against your certificate(s) to include the name of the agency that took the disciplinary action and the date the action was taken.\*

**ATTESTATION**

I affirm that I have not been convicted of any other felony or misdemeanor other than the one(s) disclosed herein. I attest that all information provided is true and accurate to the best of my knowledge. I understand that a false statement on this application may constitute falsification under Section 2921.13 of the R.C. and is a misdemeanor of the first degree. Any false statement may also be grounds for denial, suspension, revocation, or other disciplinary action taken against my certificate as determined by the Ohio State Board of EMFTS. I am solely responsible for my certificate. I hereby give permission to the Ohio Department of Public Safety, Division of EMS to verify any of the above information.

APPLICANT'S SIGNATURE *	DATE
<b>X</b>	