



OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

**EXEMPTION REQUEST FOR CONTINUING EDUCATION
FOR FIRE CERTIFICATES**

Incomplete applications **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 complete or partial exemption of the continuing education and / or instructional requirements to renew a Firefighter, Fire Safety Inspector, Fire Instructor, Assistant Fire Instructor, and / or Fire Safety Inspector Instructor certification due to active military duty, medical hardship, or unusual circumstances.

Please note: there are no extensions permitted for any fire certificates.

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 NUMBER*	CERTIFICATION EXPIRATION DATE*	DATE OF BIRTH*	

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. (Ohio Revised Code [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.

EXEMPTION REQUEST FOR THE FOLLOWING CLASSIFICATION(S)*	COMPLETE	PARTIAL, if so number of CE / Instructional hours completed
<input type="checkbox"/> VOLUNTEER FIREFIGHTER	<input type="checkbox"/>	<input type="checkbox"/> _____
<input type="checkbox"/> FIREFIGHTER I	<input type="checkbox"/>	<input type="checkbox"/> _____
<input type="checkbox"/> FIREFIGHTER II	<input type="checkbox"/>	<input type="checkbox"/> _____
<input type="checkbox"/> FIRE SAFETY INSPECTOR	<input type="checkbox"/>	<input type="checkbox"/> _____
<input type="checkbox"/> FIRE INSTRUCTOR	<input type="checkbox"/>	<input type="checkbox"/> _____
<input type="checkbox"/> ASSISTANT FIRE INSTRUCTOR	<input type="checkbox"/>	<input type="checkbox"/> _____
<input type="checkbox"/> FIRE SAFETY INSPECTOR INSTRUCTOR	<input type="checkbox"/>	<input type="checkbox"/> _____

JUSTIFICATION FOR THE EXEMPTION REQUEST*

- Active military duty served during the certification period.
 - Request must be submitted no later than 18 months from discharge.
 - Must submit DD214 or copy of official orders.

- Medical hardship or unusual circumstances that impacted ability to comply with CE requirements.
 - Request must be submitted to the Division of EMS prior to expiration date of certificate.
 - Please submit documentation that demonstrates impact on your ability to comply.

ATTESTATION

I understand that in requesting this exemption, I certify that I am unable to meet the continuing educational requirements and / or instructional renewal requirements for certification renewal accordance prior to the expiration date and in accordance with Chapters 4765-20 and / or 4765-21 of the Ohio Administrative Code (O.A.C.). I understand that should the exemption request not be granted, my certification(s) will be considered lapsed / expired, and I must immediately cease functioning as a Firefighter, Fire Safety Inspector, Fire Instructor, Assistant Fire Instructor, and / or Fire Safety Inspector Instructor. I further understand that the certification(s) may be reinstated, in accordance with rules 4765-20-08 and / or 4765-21-05 of the O.A.C. as applicable.

APPLICANT'S SIGNATURE* X	DATE*
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Return To:

OHIO DEPARTMENT OF PUBLIC SAFETY
OHIO 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