



FIREFIGHTER RECIPROCITY PACKET

A candidate seeking firefighter certification through reciprocity shall meet all of the following criteria:

- Shall have successfully completed firefighter training from another state, the District of Columbia, a United States territory, or any branch of the United States military that is substantially similar to the curriculum requirements in Chapter 4765-11 of the Ohio Administrative Code (O.A.C.), accessible via the following link: <http://codes.ohio.gov/oac/4765>. The training shall have required written and practical examinations that test knowledge, skills, and ability.
- Shall possess a current and valid firefighter certificate, or license, that is in good standing, from another state, the District of Columbia, a United States territory, or any branch of the United States military.
- Shall have successfully completed National Incident Management System (NIMS) training courses IS-700 and IS / ICS-100.
- Shall have successfully completed an emergency vehicle operator course (EVOC) consisting of a minimum of 16 hours.
- Upon approval to test, shall successfully pass the Ohio practical skills (required for FF I and FF II) and written certification examinations (required for Volunteer, FF I, and FF II).
- Shall meet all the requirements as set forth in rules 4765-20-02 and 4765-20-11 of the O.A.C.

For NIMS information, please visit: <https://www.fema.gov/national-incident-management-system/training> and / or <http://training.fema.gov/IS/NIMS.aspx>.

NOTE: An active member of the armed forces or veteran may submit any documentation, evidence, statement or endorsement that may be available or produced for consideration to demonstrate substantial equivalence of education and experience while serving in the armed forces to meet the certification requirements. Applicants should contact the Ohio Division of Emergency Medical Services (EMS) regarding substantial equivalence.

FIREFIGHTER RECIPROCITY PACKET INCLUDES

- A. Firefighter Reciprocity Process Instructions / Checklist (1 page)
- B. Request for Reciprocity form (2 pages)
- C. Verification of Firefighter Status for Reciprocity form (3 pages)

NOTE: The Firefighter Reciprocity Packet is not an application for certification. It is a request to be eligible to participate in required practical skills (required for FF I and FF II) and written (required for Volunteer, FF I, and FF II) examinations for certification. Successful completion of required examinations is required for certification.

FIREFIGHTER RECIPROCITY REQUEST PROCESS

1. Please complete and sign all forms.
2. Use the checklist (next page) to make sure all documentation is included with your submission.
3. Return signed forms and all required documentation via U.S. Mail to:

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

**DO NOT SUBMIT FORMS WITHOUT ALL REQUIRED DOCUMENTATION.
ALL REQUESTED INFORMATION SHALL BE SUBMITTED AS A PACKET.**

Please contact the Division of EMS at (800) 233-0785 with questions regarding the firefighter reciprocity process.

A. FIREFIGHTER RECIPROCITY PROCESS INSTRUCTIONS / CHECKLIST

Please use this checklist to make sure all documentation is included with your submission.

**DO NOT SUBMIT FORMS WITHOUT ALL REQUIRED DOCUMENTATION.
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<input type="checkbox"/>	Complete and sign the Request for Reciprocity form.
<input type="checkbox"/>	Complete Part I of the Verification of Firefighter Status for Reciprocity form, then:
<input type="checkbox"/>	Send a copy of the Verification of Firefighter Status for Reciprocity form, with Part I completed and signed, to: <ul style="list-style-type: none"> • Each state / territory in which you hold or have previously held certification, AND / OR • The military branch credentialing office (where training was conducted) in which you currently are, or previously were, on active duty.
<input type="checkbox"/>	Part II is to be completed by the out-of-state certification agency and / or military official, and then returned to the applicant in a sealed envelope . Once returned, the applicant must submit the sealed envelope to the Ohio Division of EMS, along with the other documents included with this packet and all requested documentation. DO NOT RETURN THE PACKET WITHOUT A COMPLETED AND SIGNED PART II OF THE VERIFICATION OF FIREFIGHTER STATUS FOR RECIPROCITY FORM.
<input type="checkbox"/>	Submit a copy of your current certification card from another state, the District of Columbia, United States territory, or any branch of the United States military.
<input type="checkbox"/>	Submit copies of your NIMS IS / ICS-100 and NIMS IS-700 training certificates.
<input type="checkbox"/>	Submit a copy of your certificate of completion of firefighter training (showing dates of training) and / or copy of Pro Board or IFSAC certificates.
<input type="checkbox"/>	Submit a copy of certificate of completion of an emergency vehicle operator course (EVOC). The course shall have consisted of a minimum of 16 hours.
<input type="checkbox"/>	Submit a copy of certificate of completion of Hazardous Materials Awareness and Hazardous Materials Operations training, or provide proof it was included in your fire training curriculum.
<input type="checkbox"/>	Provide proof that your firefighter training was completed, or you were on active duty with a fire department, within the last 18 months: <ul style="list-style-type: none"> • Submit a copy of your firefighter training certificate, OR • Provide proof that you were on active duty with a fire department via a signed letter from the fire chief showing dates of active duty.
<input type="checkbox"/>	Military candidates must attach a copy of their DD-214, if discharged.
<input type="checkbox"/>	Send all required forms and documentation to the Ohio Department of Public Safety, Division of EMS.

If one or both of the following apply, candidates will be required to provide additional information at the time of application. Prior to submission of this packet, please contact the Division of EMS Compliance and Investigations Section if:

- You have charges pending or have a conviction for a felony or a misdemeanor (other than minor traffic violation), AND / OR
- Your firefighter certificate or fire safety inspector certificate, in this or any other state, has ever been suspended, revoked, or is currently under disciplinary sanctions.

After all forms and documentation have been reviewed and approved, you will be issued a letter authorizing you to take the required Ohio firefighter practical skills (required for FFI and FFII) and written (required for Volunteer, FFI and FFII) examinations. The practical skills and written examinations shall be passed within 12 months of approval to test. The examinations shall be conducted at an Ohio chartered fire training institution. After passing the examinations you will be eligible to submit an application for certification.

Please contact the Division of EMS at (800) 233-0785 with questions regarding the reciprocity process.

B. REQUEST FOR RECIPROCIITY

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 request that an individual's firefighter credentials from another state, the District of Columbia, a United States territory, or from any branch of the United States military be recognized as meeting the requirements to sit for the written and practical examinations required to receive an Ohio firefighter certificate. For information on certification requirements, please visit our webpage at www.ems.ohio.gov.

GENERAL INFORMATION

LEGAL LAST NAME*	LEGAL FIRST NAME*	LEGAL MI	SUFFIX
HOME ADDRESS (STREET)*		P.O. BOX	
CITY*	STATE / TERRITORY*	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*	

ACTIVE MEMBER OR VETERAN OF THE ARMED FORCES MILITARY BRANCH: _____

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.

BRANCH OF THE UNITED STATES MILITARY FROM WHICH YOU RECEIVED INITIAL TRAINING OR HELD CERTIFICATION

MILITARY BRANCH*	FIRE TRAINING CERTIFICATION LEVEL*
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CONTACT PERSON / DIVISION*	PHONE*
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CERTIFICATION YOU ARE APPLYING FOR (select one)*

<input type="checkbox"/> VOLUNTEER FIREFIGHTER	<input type="checkbox"/> FIREFIGHTER I	<input type="checkbox"/> FIREFIGHTER II
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EDUCATION AND TRAINING INFORMATION*

OUT-OF-STATE CERTIFICATION NUMBER*	STATE / TERRITORY*	CERTIFICATION LEVEL*	EXPIRATION DATE*
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List state / territory from which you received initial training. List all states / territories in which you currently hold or have previously held certification. (If more space is needed, attach additional page(s) to this application.)

STATE / TERRITORY IN WHICH YOU RECEIVED YOUR INITIAL TRAINING*	DATE RECEIVED*	EXPIRATION DATE*
OTHER STATE / TERRITORY IN WHICH YOU CURRENTLY HOLD OR HAVE PREVIOUSLY HELD CERTIFICATION*		EXPIRATION DATE*
OTHER STATE / TERRITORY IN WHICH YOU CURRENTLY HOLD OR HAVE PREVIOUSLY HELD CERTIFICATION*		EXPIRATION DATE*

ATTESTATION

<p>I attest that all information provided is true and accurate to the best of my knowledge. I understand that a false statement on this form 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 Executive Director. I further attest that I satisfy all requirements for eligibility to sit for the practical skills and written examinations for a certificate at the level sought, in accordance with Section 4765.55 of the R.C. and O.A.C. Chapter 4765-20. I am solely responsible for my certificate. I understand that I must maintain records relating to the requirements for continuing education and such records are subject to audit by the Division of EMS. I hereby give permission to the Ohio Department of Public Safety, Division of EMS to verify any of the above information.</p>	
CANDIDATE'S SIGNATURE	DATE
X	

Return To:

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 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

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C. VERIFICATION OF FIREFIGHTER STATUS FOR RECIPROCITY

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 Verification of Firefighter Status for Reciprocity form must be completed to recognize firefighter credentials from another State, the District of Columbia, United States territory or any branch of the United States military.

Part I of this section is to be completed by the candidate. A copy of this form, with Part I completed by the candidate, must be mailed to each state / territory in which the candidate currently holds or has previously held certification, or to the military credentialing official in which the candidate currently is, or previously was, on active duty.

Part II is to be completed by the out-of-state certification agency or military official, and then returned to the candidate in a **sealed envelope** with the signature of the state / military official across the seal. Once returned, the candidate must submit the **sealed envelope** to the Ohio Division of EMS, along with the other documents included with this packet and all requested documentation.

PART I – TO BE COMPLETED BY CANDIDATE

PLEASE INDICATE THE LEVEL OF CERTIFICATION FOR WHICH YOU ARE REQUESTING VERIFICATION:*			
<input type="checkbox"/> VOLUNTEER FIREFIGHTER		<input type="checkbox"/> FIREFIGHTER I	<input type="checkbox"/> FIREFIGHTER II
LEGAL LAST NAME*	LEGAL FIRST NAME*	LEGAL MIDDLE INITIAL	SUFFIX
HOME ADDRESS (STREET)*			P.O. BOX
CITY*	STATE / TERRITORY*	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 number is mandatory pursuant to R.C. 3123.50 in furtherance of licensing provision and any other state or federal requirements.		DATE OF BIRTH*
CERTIFICATION / LICENSE NUMBER*	STATE*	EXPIRATION DATE*	

If training completed at more than one site, forward a copy of this form to each site from which credit for training is sought.

PART II – TO BE COMPLETED BY THE STATE CERTIFYING AGENCY OR MILITARY, AND RETURNED TO CANDIDATE

CERTIFICATION / LICENSE NUMBER*		EXPIRATION DATE*
<input type="checkbox"/> VOLUNTEER FIREFIGHTER		<input type="checkbox"/> FIREFIGHTER I
		<input type="checkbox"/> FIREFIGHTER II
CERTIFICATION / LICENSE STATUS*		
<input type="checkbox"/> CURRENT <input type="checkbox"/> LAPSED <input type="checkbox"/> INACTIVE <input type="checkbox"/> REVOKED		
THE ABOVE CERTIFICATION / LICENSE WAS ISSUED BASED UPON*		
<input type="checkbox"/> Initial training completed within your State / Territory <input type="checkbox"/> Recertification through continuing education		
<input type="checkbox"/> Reciprocity from (State) _____ <input type="checkbox"/> Other (please explain) _____		
<input type="checkbox"/> Yes <input type="checkbox"/> No Did the training meet the NFPA 1001 standard for fire fighter professional qualifications?*		
<input type="checkbox"/> NFPA Level and Edition _____		<input type="checkbox"/> Total number of hours in training _____
<input type="checkbox"/> Total number of classroom hours _____		<input type="checkbox"/> Total number of online hours _____
<input type="checkbox"/> Total number of practical hours _____		
(If the answer is "No", please submit the course curriculum and description.)		

PART II (continued)

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Did the candidate pass one or more written examinations that test knowledge to provide firefighter services?*
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Did the candidate pass a state examination to obtain certification at the completion of the course?*
Test Date _____				
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Did the candidate pass one or more practical examinations that test skills and ability to provide firefighter services?*
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Did the candidate pass a state practical examination to obtain certification at the completion of the course?*
Test Date _____				
Was the training recognized by International Fire Service Accreditation Congress or Pro Board Fire Service Professional Qualification System?*				
<input type="checkbox"/> Yes (If yes, please attach a copy of certificates.)				
<input type="checkbox"/> No				
Has the candidate incurred any disciplinary proceedings in your state, or are there disciplinary proceedings pending?*				
<input type="checkbox"/> Yes (If yes, please attach certified copies of any actions.)				
<input type="checkbox"/> No				
Has the candidate's certification / license ever been limited, denied, surrendered, reprimanded, suspended, or revoked?*				
<input type="checkbox"/> Yes (If yes, please attach certified copies of any actions.)				
<input type="checkbox"/> No				
To your knowledge, has the candidate ever been convicted of a misdemeanor, other than a minor traffic offense, or a felony?*				
<input type="checkbox"/> Yes (If yes, please explain.) _____				
<input type="checkbox"/> No				
Do you know of any reason why certification in Ohio should be denied?				
<input type="checkbox"/> Yes (If yes, please explain.) _____				
<input type="checkbox"/> No				

Did the candidate's training include the following? (Check all boxes that apply, indicate hours and provide total number of hours.)

TOPIC	HOURS	TOPIC	HOURS
<input type="checkbox"/> Hazardous Material Awareness		<input type="checkbox"/> Live Fire Training	
<input type="checkbox"/> Hazardous Material Operations		<input type="checkbox"/> Emergency Vehicle Operation Course	
<input type="checkbox"/> NIMS IS / ICS-100		<input type="checkbox"/> NIMS IS-700	
<input type="checkbox"/> Fire Department Organization and Safety		<input type="checkbox"/> Rescue	
<input type="checkbox"/> Prevention, Fire Education, and Cause		<input type="checkbox"/> Water Supplies	
<input type="checkbox"/> Ventilation and Tools		<input type="checkbox"/> Foam Fire Streams	
<input type="checkbox"/> Personal Protective Equipment / SCBA		<input type="checkbox"/> Fire Behavior	
<input type="checkbox"/> Fire Alarm and Communication		<input type="checkbox"/> Ropes	
<input type="checkbox"/> Fire Cause and Origin		<input type="checkbox"/> Forcible Entry	
<input type="checkbox"/> Fire Detection, Alarm, and Suppression		<input type="checkbox"/> Building Construction	
<input type="checkbox"/> Fire Hose, Appliances, and Streams		<input type="checkbox"/> Ground Ladders	
<input type="checkbox"/> Overhaul		<input type="checkbox"/> Fire Extinguishers	
<input type="checkbox"/> Fire Control		<input type="checkbox"/> Emergency Medical Care	
Total Number of Hours			

PART II (continued)

COMMENTS:

Print Name of State / Territory / Military Official completing this form:*	Title of State / Territory / Military Official completing form:*
State / Territory / Service Branch*	DATE*
Signature of State / Territory / Military Official completing this form:*	Telephone Number of State / Territory Military Official completing form:*
X	

After completing Part II, please return this form to the candidate in a sealed envelope with your signature across the seal. The candidate will be responsible for mailing the completed Verification of Firefighter Status for Reciprocity form, along with the Request for Reciprocity form and required documentation, to the Ohio Division of EMS for processing.

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