



OHIO DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF EMERGENCY MEDICAL SERVICES

## FIREFIGHTER RECIPROCITY PACKET

**EFFECTIVE JANUARY 1, 2018**

**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 4765-24 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 operations course (EVOC) consisting of a minimum of 16 hours. (Not required for Volunteer Firefighter certification.)
- Shall have successfully completed at least 4 hours of "Courage to be Safe: Sixteen Life Safety Initiatives Course." For information, visit <https://www.fireherolearningnetwork.com/> or <https://www.everyonegoeshome.com/training/courage-safe-training/>. (Not required for Volunteer Firefighter certification.)
- Shall have successfully completed a Hazardous Materials Awareness and Operations training course consisting of a minimum of 24 hours. (Not required for Volunteer Firefighter certification.)
- Shall have successfully completed at least 8 hours of "Auto Extrication" training. (Not required for Volunteer Firefighter certification.)
- Upon approval to test, shall successfully pass the Ohio practical skills and written certification examinations.
- Shall meet all the requirements as set forth in rules 4765-20-02 and 4765-20-10 of the O.A.C. For NIMS information, please visit: <https://training.fema.gov/nims/> and / or <https://training.fema.gov/emiweb/is/icsresource/trainingmaterials.htm>

**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 (5 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 and written 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.**

**ALL REQUESTED INFORMATION SHALL BE SUBMITTED AS A PACKET.**

<input type="checkbox"/>	Complete and sign the Request for Reciprocity form (must be 18 years of age).
<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 <b>Part I</b> completed and signed, to: <ul style="list-style-type: none"> <li>• Each state / territory in which you hold or have previously held certification, AND / OR</li> <li>• The military branch credentialing office (where training was conducted) in which you currently are, or previously were, on active duty.</li> </ul>
<input type="checkbox"/>	<b>Part II</b> is to be completed by the out-of-state certification agency and / or military official, and then returned to the applicant in a <b>sealed envelope</b> . Once returned, the applicant must submit the <b>sealed envelope</b> to the Ohio Division of EMS, along with the other documents included with this packet and all requested documentation.  <b>DO NOT RETURN THE PACKET WITHOUT A COMPLETED AND SIGNED PART II OF THE VERIFICATION OF FIREFIGHTER STATUS FOR RECIPROCITY FORM.</b>
<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 international fire service accreditation certificates.
<input type="checkbox"/>	Submit a copy of certificate of completion of an emergency vehicle operations course (EVOC). The course shall have consisted of a minimum of 16 hours, shall be consistent with the intent of "NFPA 1002" and "NFPA 1451" and shall meet the course objectives established by the executive director, as set forth in rule O.A.C. 4765-20-02. (Not required for Volunteer Firefighter certification.)
<input type="checkbox"/>	Submit certificate(s) of completion of at least 4 hours of "Courage to be Safe: Sixteen Life Safety Initiatives Course." (Not required for Volunteer Firefighter certification.)
<input type="checkbox"/>	Submit a copy of certificate of completion of Hazardous Materials Awareness and Operations training, or provide proof it was included in your fire training curriculum. The course shall have consisted of a minimum of 24 hours, shall be consistent with the intent of "NFPA 1072" and shall meet the course objectives established by the executive director, as set forth in rule O.A.C. 4765-20-02. (Not required for Volunteer Firefighter certification.)
<input type="checkbox"/>	Submit certificate(s) of completion of at least 8 hours of "Auto Extrication" training or provide proof it was included in your fire training curriculum. (Not required for Volunteer Firefighter certification.)
<input type="checkbox"/>	Provide proof that your firefighter training was completed, or you were on active duty with a fire department, within the last 36 months: <ul style="list-style-type: none"> <li>• Submit a copy of your firefighter training certificate documenting that your training was completed within the last 36 months, OR provide proof that you were on active duty with a fire department within the last 36 months via a signed letter from the fire chief showing dates of active duty.</li> </ul>
<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 Investigations and Compliance 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 inspector certificate, in this or any other state or territory, 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 and written 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 RECIPROCITY

Incomplete packets 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](http://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*

### 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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### 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.

**EDUCATION AND TRAINING INFORMATION\***

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 packet.)

OUT-OF-STATE CERTIFICATION NUMBER*	STATE / TERRITORY*	CERTIFICATION LEVEL*	EXPIRATION DATE*
OUT-OF-STATE CERTIFICATION NUMBER* (if applicable)	STATE / TERRITORY*	CERTIFICATION LEVEL*	EXPIRATION DATE*

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*	

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

MILITARY BRANCH*	FIRE TRAINING CERTIFICATION LEVEL*	
CONTACT PERSON / DIVISION*	PHONE*	

**CANDIDATE 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 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 affirm that 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.

CANDIDATE SIGNATURE <b>X</b>	DATE
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**Return To:**

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

Or fax to: (614) 466-9461

Or e-mail to: [ems-firecertifications@dps.ohio.gov](mailto:ems-firecertifications@dps.ohio.gov)

For questions please contact us at: (800) 233-0785

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

**C. VERIFICATION OF FIREFIGHTER STATUS FOR RECIPROCITY**

Incomplete packets **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"/> FIREFIGHTER I <input type="checkbox"/> FIREFIGHTER II <input type="checkbox"/> OTHER: _____			
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 / TERRITORY*	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 / TERRITORY CERTIFYING AGENCY OR MILITARY, AND RETURNED TO CANDIDATE**

CERTIFICATION / LICENSE NUMBER*	EXPIRATION DATE*
<input type="checkbox"/> FIREFIGHTER I <input type="checkbox"/> FIREFIGHTER II <input type="checkbox"/> OTHER: _____	
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 / Territory) _____ <input type="checkbox"/> Other (please explain) _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No    Did the training meet the NFPA 1001 standard for firefighter professional qualifications?*	
(If the answer is "No," please submit the course curriculum and description.	
<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 _____	

**PART II (continued)**

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

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

**PART II (continued)**

Did the candidate's training include the following?

*(Check all boxes that apply, indicate hours and provide total number of hours.)*

<b>FIREFIGHTER I AND II COURSE OBJECTIVES</b>			
<b>NFPA 1001 FF I Standard</b>	<b>COURSE OBJECTIVES</b>	<b>FIREFIGHTER I JOB PERFORMANCE REQUIREMENTS</b>	<b>Total Hours</b>
5.1.1	Fire Dept. Organization & Safety	Describe Fire Dept. organization, SOPs, and NFPA 1500	
5.1.2	Fire Dept. Organization & Safety	Don and Doff Personal Protective Clothing	
5.2.1	Fire Alarm and Communications	Initiate the response to a reported emergency	
5.2.2	Fire Alarm and Communications	Receive a business or personal telephone call	
5.2.3	Fire Alarm and Communications	Transmit and receive messages via the fire department radio	
5.2.4	Communication	Activate an emergency call for assistance	
5.3.1	Personal Protective Equipment / SCBA	Use SCBA during emergency operations	
5.3.2	Response Safety & Scene Control	Respond on apparatus to an emergency scene	
5.3.3	Response Safety & Scene Control	Operate in established work areas at emergency	
5.3.4	Forcible Entry	Force entry into a structure	
5.3.5	Exit Hazard	Exit a hazardous area as a team	
5.3.6	Ground Ladders	Set up ground ladders	
5.3.7	Fire Control	Attack a passenger vehicle fire	
5.3.8	Fire Control	Extinguish fires in exterior Class A materials	
5.3.9	Rescue	Conduct a search & rescue in a structure, Victim drags and carries	
5.3.10	Fire Control	Attack an interior structure fire	
5.3.11	Ventilation and Tools	Perform horizontal ventilation on a structure	
5.3.12	Ventilation and Tools	Perform vertical ventilation on a structure	
5.3.13	Overhaul	Overhaul a fire scene	
5.3.14	Salvage	Conserve property as a member of a team	
5.3.15	Water Supplies	Connect a fire department pumper to a water supply	
5.3.16	Fire Extinguishers	Extinguish incipient Class A, Class B, and Class C fires	
5.3.17	Scene Safety	Illuminate the emergency scene	
5.3.18	Secure building utilities	Turn off building utilities	
5.3.19	Fire Control	Combat a ground cover fire operating as a member of a team	
5.3.20	Ropes	Tie a knot appropriate for hoisting tool	
5.5.1	Clean / Check Equipment	Clean and check ladders, SCBA, ropes, equipment, & hand tools	
5.5.2	Fire Hose	Clean, inspect, and return fire hose to service	
<b>TOTAL NFPA 1001 FFI HOURS</b>			

**PART II (continued)**

<b>NFPA 1001 FF II Standard</b>	<b>COURSE OBJECTIVES</b>	<b>FIREFIGHTER II JOB PERFORMANCE REQUIREMENTS</b>	<b>Total Hours</b>
6.1.1	General	Organize, assume and transfer command	
6.2.1	Reports	Complete basic incident report	
6.2.2	Communications	Communicate the need for team assistance	
6.3.1	Liquid Fire	Extinguish an ignitable liquid fire	
6.3.2	Interior Attack	Coordinate an interior attack line team's accomplishment of an assignment in a structure fire	
6.3.3	Flammable Gas	Control a flammable gas cylinder fire operating as a member of a team	
6.3.4	Fire Cause	Protect evidence of fire cause and origin	
6.4.1	Extricate a victim	Extricate a victim entrapped in a motor vehicle as part of a team	
6.4.2	Assist Team	Assist rescue operation teams	
6.5.1	Prepare Survey	Perform a fire safety survey in a occupied structure	
6.5.2	Present Materials	Present fire safety information to station visitors or small groups	
6.5.3	Pre-incident Survey	Prepare a pre-incident survey	
6.5.4	Clean / Check Equipment	Maintain power plants, power tools, and lighting equipment	
6.5.5	Annual test	Perform an annual service test on fire hose	
<b>TOTAL NFPA 1001 FF II HOURS</b>			

<b>NFPA 1072</b>	<b>COURSE OBJECTIVES</b>	<b>HAZMAT AWARENESS AND OPERATIONS</b>	<b>Total Hours</b>
4.2.1	Recognition and Identification	Recognize / identify hazardous materials / WMD and hazards involved in a HazMat / WMD incident	
4.3.1	Initiate Protective Actions	Isolate the hazard area and deny entry at a hazardous materials / WMD incident	
4.4.1	Notification	Initiate required notifications at a hazardous materials / WMD incident	
5.2.1	Identify Potential Hazards	Identify the scope of the problem at a hazardous materials / WMD incident	
5.3.1	Identify Action Options	Identify the action options for a hazardous materials / WMD incident	
5.4.1	Action Plan Implementation	Perform assigned tasks at a hazardous materials / WMD incident	
5.5.1	Emergency Decontamination	Perform emergency decontamination at a hazardous materials / WMD incident	
5.6.1	Progress Evaluation and Reporting	Evaluate and report the progress of the assigned tasks for a hazardous materials / WMD incident	
<b>TOTAL HAZMAT HOURS</b>			

	<b>COURSE OBJECTIVES</b>	<b>LIFE SAFETY INITIATIVES</b>	<b>Total Hours</b>
	Life Safety Initiatives	Courage to Be Safe: 16 Life Safety Initiatives (National Fallen Firefighters Foundation)	
<b>TOTAL HOURS</b>			



**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\*

TELEPHONE NUMBER OF STATE / TERRITORY MILITARY OFFICIAL COMPLETING FORM:\*

SIGNATURE OF STATE / TERRITORY / MILITARY OFFICIAL COMPLETING THIS FORM:\*

DATE\*

**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.**

**Candidate Shall Return Sealed Envelope(s) To:**

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

Or fax to: (614) 466-9461

Or e-mail to: [ems-firecertifications@dps.ohio.gov](mailto:ems-firecertifications@dps.ohio.gov)

For questions please contact us at: (800) 233-0785

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