



OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

EMS INSTRUCTOR REINSTATEMENT 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 reinstate an Assistant EMS Instructor certificate to teach.
For information on certification requirements, please visit our webpage at 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*	<small>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.</small>	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:*

1. Do you have any charges pending or have a conviction for a felony or a misdemeanor (other than minor traffic violation)? * Yes No

2. 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 4 of this application.

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

<input type="checkbox"/> Emergency Medical Responder	<input type="checkbox"/> Advanced Emergency Medical Technician	<input type="checkbox"/> Registered Nurse
<input type="checkbox"/> Emergency Medical Technician	<input type="checkbox"/> Paramedic	<input type="checkbox"/> Physician Assistant

TO REINSTATE AN EMS INSTRUCTOR CERTIFICATE TO TEACH

EXPIRED LESS THAN 6 MONTHS AND ALL RENEWAL REQUIREMENTS WERE COMPLETE BEFORE EXPIRATION DATE:*

1. Complete the following requirements:
 - Submit \$75.00 payment in check or money order, payable to “Ohio Treasurer of State” and EMS 1101 “Application Fee / Disciplinary Remittance” with this application;
 - Documentation that demonstrates all renewal requirements complete before expiration date;
 - Have been certified / licensed as an EMS provider, RN, or PA, for at least five (5) years out of the preceding seven (7) years;
 - Possess a current and valid certificate / license to practice as an EMS provider, RN or PA; and
 - Held a certificate to teach as an EMS Instructor, which was in good standing at the time it expired;

OR

2. Meet the requirements set forth in R.C. section 5903.12 paragraphs (A) and (B).

EXPIRED LESS THAN 6 MONTHS AND RENEWAL REQUIREMENTS WERE NOT COMPLETE BEFORE EXPIRATION DATE:*

1. Complete the following requirements:
 - Submit \$75.00 payment in check or money order, payable to “Ohio Treasurer of State” and EMS 1101 “Application Fee / Disciplinary Remittance” with this application;
 - Documentation of successful completion of an instructional methods exam;
 - Have been certified / licensed as an EMS provider, RN, or PA, for at least five (5) years out of the preceding seven (7) years;
 - Possess a current and valid certificate / license to practice as an EMS provider, RN or PA; and
 - Held a certificate to teach as an EMS Instructor, which was in good standing at the time it expired;

OR

2. Meet the requirements set forth in R.C. section 5903.12 paragraphs (A) and (B).

EXPIRED MORE THAN 6 MONTHS BUT LESS THAN ONE YEAR:*

1. Complete the following requirements:
 - Submit \$75.00 payment in check or money order, payable to “Ohio Treasurer of State” and EMS 1101 “Application Fee / Disciplinary Remittance” with this application;
 - Documentation of successful completion of an instructional methods exam;
 - Complete ten hours of supervised teaching, in the presence of an EMS instructor, under the auspices of an accredited institution;
 - Have been certified / licensed as an EMS provider, RN, or PA, for at least five (5) years out of the preceding seven (7) years;
 - Possess a current and valid certificate / license to practice as an EMS provider, RN or PA; and
 - Held a certificate to teach as an EMS Instructor, which was in good standing at the time it expired;

OR

2. Meet the requirements set forth in R.C. section 5903.12 paragraphs (A) and (B).

EXPIRED MORE THAN ONE YEAR BUT LESS THAN TWO YEARS:*

1. Complete the following requirements:
 - Submit \$75.00 payment in check or money order, payable to “Ohio Treasurer of State” and EMS 1101 “Application Fee / Disciplinary Remittance” with this application;
 - Documentation of successful completion of an instructional methods exam;
 - Complete eight-hour module in instruction specific to EMS and ten hours of supervised teaching, in the presence of an EMS instructor, under the auspices of an accredited institution;
 - Have been certified / licensed as an EMS provider, RN, or PA, for at least five (5) years out of the preceding seven (7) years;
 - Possess a current and valid certificate / license to practice as an EMS provider, RN or PA; and
 - Held a certificate to teach as an EMS Instructor, which was in good standing at the time it expired;

OR

2. Meet the requirements set forth in R.C. section 5903.12 paragraphs (A) and (B).

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 Emergency Medical Services (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

TO BE COMPLETED BY ACCREDITED INSTITUTION

EIGHT-HOUR MODULE		
COURSE START DATE		COURSE END DATE
INSTRUCTOR TRAINER NAME	INSTRUCTOR TRAINER CERTIFICATION NUMBER	DATE OF TRAINING COMPLETION

TEN HOURS OF SUPERVISED TEACHING		
START DATE		END DATE
SUPERVISING EMSI NAME	SUPERVISING EMSI CERTIFICATION NUMBER	ACCREDITATION OR CE SITE NUMBER
SUPERVISING EMSI NAME	SUPERVISING EMSI CERTIFICATION NUMBER	ACCREDITATION OR CE SITE NUMBER
SUPERVISING EMSI NAME	SUPERVISING EMSI CERTIFICATION NUMBER	ACCREDITATION OR CE SITE NUMBER

ACCREDITED INSTITUTION ATTESTATION:*

I hereby attest that the above named applicant has completed the training course(s), in accordance with Chapter 4765-18 of the O.A.C., for a certificate to teach at the level sought in this application and has been issued a certificate of completion.	
PROGRAM DIRECTOR'S NAME* (PRINTED)	
PROGRAM 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 EMS 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
X	