



OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

EMS INSTRUCTOR RECIPROCITY APPLICATION

All information MUST be included. 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 the applicant's EMS Instructor credentials from another state, the District of Columbia, a United States territory, or any branch of the United States military be recognized as meeting the requirements for an Ohio EMS Instructor certificate to teach. For information on certification requirements, please visit our webpage at www.ems.ohio.gov.

Form with fields: 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\*, DATE OF BIRTH\*, OHIO 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.

WHERE DID YOU COMPLETE THE EMS INSTRUCTOR COURSE OF INSTRUCTION?

- State, District of Columbia, United States Territory, Branch of US Military, US Coast Guard

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 3 of this application.

**AN APPLICANT SEEKING EMS INSTRUCTOR CERTIFICATION THROUGH RECIPROCIITY MUST SUBMIT THE FOLLOWING:**

- Complete EMS Instructor-Reciprocity Application;
- Documentation demonstrating the instructor course completed in another state, the District of Columbia, a United States territory, or branch of the military was substantially similar to Ohio approved curriculum;
- Verification of Ohio certificate/license to practice as EMS provider, RN or PA;
- Verification of certificate/license to practice as EMS provider, RN or PA, for at least five (5) years out of the preceding seven (7) years;
- Documentation that demonstrates the applicant passed the knowledge examination through the NREMT at your EMS provider certification level within the past three (3) years;
- Pass the instructional methods examination within three attempts within one year after completion of the EMS instructor training program, as required in Ohio Administrative Code (O.A.C.) 4765-18-11;
- Documentation that demonstrates the applicant passed the practical examination under the auspices of an Ohio accredited EMS institution at your EMS provider certification level within the past three (3) years;
- Successfully complete eight (8) hours in instruction specific to EMS and ten (10) hours of supervised teaching, under the auspices of an accredited institution, as required in O.A.C. 4765-18-11; and
- \$75.00 payment in check or money order, payable to "Ohio Treasurer of State" and EMS 1101 "Application Fee/Disciplinary Remittance" with this application.

**ATTESTATION OF APPLICANT**

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 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 <b>X</b>	DATE
-----------------------------------	------

**TO BE COMPLETED BY ACCREDITED INSTITUTION**

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

<b>TEN HOURS OF SUPERVISED TEACHING</b>		
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
<b>INSTRUCTIONAL METHODS EXAMINATION</b>		
DATE COMPLETED	NUMBER OF ATTEMPTS	

**ATTESTATION OF PROGRAM DIRECTOR**

I attest that I am the authorized Program Director for the accredited institution listed below. The above named applicant has met all requirements set forth in Chapter 4765-18 of the O.A.C. through an accredited institution for a certificate to teach as an EMS Instructor.		
PROGRAM DIRECTOR'S NAME* (PRINTED)		
PROGRAM DIRECTOR'S SIGNATURE* <b>X</b>	ACCREDITATION NUMBER*	DATE*
EMS ACCREDITED INSTITUTION*		ACCREDITATION 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. Chapter 4765.

LEGAL LAST NAME*	LEGAL FIRST NAME*	LEGAL MIDDLE INITIAL	SUFFIX
------------------	-------------------	----------------------	--------

**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 or a misdemeanor other than a minor traffic offense, you shall provide the Division of EMS with 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>	