



OHIO DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF EMERGENCY MEDICAL SERVICES

**EMS APPLICATION - INITIAL**

All Information **MUST** be included. Incomplete applications **WILL NOT** be processed.

*(Please print legibly and use black or blue ink.)*

LEGAL LAST NAME		LEGAL FIRST NAME		LEGAL MIDDLE INITIAL	
SOCIAL SECURITY #		Disclosure of social security number is mandatory pursuant to ORC 3123.50 in furtherance of licensing provision and any other state or federal requirements.		DATE OF BIRTH	
HOME ADDRESS		P.O. BOX	CITY		STATE
ZIP CODE	COUNTY OF RESIDENCE	HOME PHONE		CELL PHONE	
E-MAIL ADDRESS			CONFIRM E-MAIL		
SECONDARY E-MAIL ADDRESS			CONFIRM SECONDARY E-MAIL		

**PLEASE LIST AFFILIATION(S)** (if any)

DEPARTMENT NAME			<input type="checkbox"/> PAID
ADDRESS			<input type="checkbox"/> VOLUNTEER
CITY	STATE	COUNTY	
DEPARTMENT NAME			<input type="checkbox"/> PAID
ADDRESS			<input type="checkbox"/> VOLUNTEER
CITY	STATE	COUNTY	
DEPARTMENT NAME			<input type="checkbox"/> PAID
ADDRESS			<input type="checkbox"/> VOLUNTEER
CITY	STATE	COUNTY	

*If more space is needed, please attach separate sheet.*

- Do you, as the person accepting responsibility by signing this form, have charges pending or have a conviction for a felony or a misdemeanor, other than a minor traffic violation, or a judicial finding of eligibility for treatment in lieu of conviction?  
 YES     NO
- Has your EMS certificate, at any level, been suspended or revoked?  
 YES     NO

**IF YOU ANSWERED YES TO QUESTION 1, YOU MUST COMPLETE THE LAST PAGE OF THIS FORM.**

**EMT APPLICANTS** - All applicants are solely responsible for their certificate to practice and all associated requirements to maintain a current certification.

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 constitutes falsification under Section 2921.13 of the Revised Code and is a misdemeanor of the first degree and may also be grounds for denial, suspension or revocation of my certificate. I further attest that I satisfy all the requirements for a certificate at the level sought in this application as set forth in Section 4765.30 of the Revised Code and Chapter 8 of the Ohio Administrative Code. I am solely responsible for my certificate. I understand that I must maintain records relating to the requirements for continuing education and that such records are subject to audit by the State Board of EMS. I hereby give permission to the Ohio Department of Public Safety, Division of EMS to verify any of the above information.

APPLICANT SIGNATURE <b>X</b>	DATE
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(To be completed by training institution)

**APPLICANT INFORMATION**

LEGAL LAST NAME	LEGAL FIRST NAME	LEGAL MI
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**CURRICULUM INFORMATION** (Please check all those characteristics of the course that apply.)

<input type="checkbox"/> FIRST RESPONDER	<input type="checkbox"/> EMT-BASIC	EMT-INTERMEDIATE	<input type="checkbox"/> EPI	<input type="checkbox"/> IO	<input type="checkbox"/> DEFIB	<input type="checkbox"/> EMT-PARAMEDIC
LEAD INSTRUCTOR NAME			CERTIFICATION #			
COURSE START DATE			COURSE ENDING DATE			

I hereby attest that the above named applicant has completed a training program, which included the most current NIMS course requirement in accordance with OAC 4765-8-01, at the above designated level and has been issued a certificate of completion.

PRINT PROGRAM COORDINATOR NAME	
PRINT NAME OF ACCREDITED INSTITUTION	
SIGNATURE OF PROGRAM COORDINATOR	DATE
<b>X</b>	

**Please 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  
(800) 233-0785 OR (614) 466-9447

**CRIMINAL HISTORY INFORMATION**

CRIMINAL CONVICTION	COURT WHERE CONVICTION OCCURRED	CONVICTION DATE	LEVEL CONVICTION MISDEMEANOR/FELONY	ARRESTING POLICE AGENCY

I. If you have been convicted of, pled guilty to, had a judicial finding of guilt for, or had a judicial finding of eligibility for treatment and/or intervention in lieu of conviction for any felony, a misdemeanor committed in the course of practice, misdemeanor involving moral turpitude, a violation of any federal, state, county, or municipal narcotics or controlled substance law since your last or renewal/ initial application, you shall provide the Division of Emergency Medical Services (EMS) with 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.**
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 submitted to the Division of EMS the information included in item numbered (I) and disposition taken by the State Board of Emergency Medical Services:

**EMT APPLICANTS**

I affirm that I have not been convicted of, pled guilty to, had a judicial finding of guilt for, or had a judicial finding of eligibility for treatment and/or intervention in lieu of conviction for, 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 constitutes falsification under Section 2921.13 of the Ohio Revised Code 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 to practice as determined by the EMS Board. I am solely responsible for my certificate to practice. I hereby give permission to the Ohio Department of Public Safety, Division of Emergency Medical Services to verify any of the above information.

APPLICANT SIGNATURE <b>X</b>	DATE
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