



OHIO DEPARTMENT OF PUBLIC SAFETY  
EMERGENCY MEDICAL SERVICES

**REQUEST FOR EXTENSION\EXEMPTION OF CURRENT  
CERTIFICATION**

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

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

**PLEASE DO NOT SUBMIT YOUR RENEWAL APPLICATION UNTIL ALL  
CONTINUING EDUCATION REQUIREMENTS HAVE BEEN MET**

APPLICANT LEGAL LAST NAME		LEGAL FIRST NAME		LEGAL MIDDLE INITIAL
HOME ADDRESS			PO BOX	
CITY		STATE	ZIP CODE	COUNTY OF RESIDENCE
HOME PHONE (     )     -		WORK PHONE (     )     -		
CERTIFICATION LEVEL	CERTIFICATION EXPIRATION DATE	CERTIFICATION #		
SOCIAL SECURITY NUMBER	DISCLOSURE OF SOCIAL SECURITY NUMBER IS MANDATORY PERSUANT TO OHIO REVISED CODE 3123.50 IN FUTUREANCE OF LICENSING PROVISION AND ANY OTHER STATE OR FEDERAL REQUIREMENTS			

**90 Day Extension to complete all educational requirements.**

**Exemption of all educational requirements due to:**

Active Duty served during the certification period (must submit DD214 or copy of official orders)

Mitigating medical condition during the certification period (please submit medical records)

I understand that by requesting this extension, I certify that I will not meet the educational requirements for renewal of my certification as required by OAC Chapter 4765-8 before this expiration date of my present certification. I further understand that if granted, I must complete all educational requirements for renewal on or before the expiration date of the extension and I must make an application for renewal to the Division of Emergency medical Services on form number EMS 0043, on or before the expiration date of my extension. If all educational requirements for renewal are not complete and an application form EMS 0043 is not received in the office of the Division of Emergency Medical Services before the expiration date of the requested extension, then the certification will be considered lapsed and the applicant must cease functioning as an EMT immediately. In order to be able to function again, the certification will need to be reinstated in accordance with section 4765-8-18 of the Ohio Administrative Code.

**X**

APPLICANT SIGNATURE

DATE