



## DECLARATION OF CRIMINAL HISTORY EMS CERTIFICATES

**INSTRUCTIONS:** All Information **MUST** be included. Print legibly and use black or blue ink. Complete the form in its entirety pursuant to ORC Chapter 4765

LAST NAME	FIRST NAME	MI
HOME ADDRESS	CERTIFICATE #	
CITY	STATE	ZIP CODE COUNTY
HOME PHONE ( ) -	WORK PHONE ( ) -	

### 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 and list any disciplinary action taken:

III. Provide an explanation for the suspension or revocation of your certificate to practice, or certificate to teach, and the date the action was taken:

### 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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