



## FIRE INSTRUCTOR RECIPROCITY APPLICATION

Incomplete applications **WILL NOT** be processed.

Required fields, as indicated by an asterisk (\*), must be completed.

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

The purpose of this form is to request that an individual's Fire Instructor credentials from another state, the District of Columbia, United States Territory, or any branch of the United States military be recognized as meeting the requirements for an Ohio certificate to teach. For information on certification requirements, please visit our webpage at [www.ems.ohio.gov](http://www.ems.ohio.gov).

**An applicant seeking Fire Instructor certification through reciprocity must meet the following criteria:**

- In the preceding seven (7) years, has at least five (5) years of experience as a certified firefighter.
- Possess a current and valid firefighter certificate issued under Section 4765-55 of the Ohio Revised Code (R.C.) and rule 4765-20-20 of the Ohio Administrative Code (O.A.C.) that is in good standing;
- Pass the knowledge examination at the firefighter II level, as set forth in rule 4765-20-06 of the O.A.C.;
- Completes Fire Instructor training from another state, the District of Columbia, United States Territory, or any branch of the United States military, that is substantially similar to the curriculum requirements in Chapters 4765-11 and 4765-21 of the O.A.C.;
- Possess a current and valid Fire Instructor certificate or license, that is in good standing, from another state, the District of Columbia, United States Territory, or any branch of the United States military;
- Meet all the requirements as set forth in rules 4765-21-03 and 4765-21-12 of the O.A.C.

**IF SUBMITTING CREDENTIALS FROM ANOTHER STATE, THE DISTRICT OF COLUMBIA, OR A UNITED STATES TERRITORY**

- **An applicant that completed training from another state, the District of Columbia, or a United States Territory must:**
  - Submit "Verification of Fire Instructor Status" section(s) of the application which has been completed by each state certification agency where you are currently certified; and
  - Submit a completed "Fire Instructor Reciprocity Application" and attach all required documentation.

**IF SUBMITTING CREDENTIALS FROM ANY BRANCH OF THE UNITED STATES MILITARY**

- **An applicant that completed training from any branch of the United States military must:**
  - Submit "Verification of Fire Instructor Status" section(s) of the application, which has been completed by the military department where you are currently certified; and
  - Submit a completed "Fire Instructor Reciprocity Application" and attach all required documentation.

**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 Firefighter certificate, in this or any other state, ever been suspended, revoked, or is currently under disciplinary sanctions?\*  Yes  No

**If you answered "Yes" to questions 1 or 2 above, complete the Declaration of Criminal History portion on page 4 of this application.**

**TO BE COMPLETED THROUGH AN OHIO FIRE CHARTER**

- Successfully complete the four hour "Fire Service Training Module";
- Successfully complete the four hour "Live Fire Training Awareness Course"; and
- Complete ten (10) hours of supervised teaching under the direct supervision of a Fire Instructor and under the auspices of a Fire Charter;
- Pass the instructional methods examination as set forth in rule 4765-20-06 of the O.A.C.

**For course information, please visit [www.ems.ohio.gov](http://www.ems.ohio.gov)**

Required fields, as indicated by an asterisk (\*), must be completed.\*  
 (Please print legibly and use black or blue ink.)

**GENERAL INFORMATION**

LEGAL LAST NAME*	LEGAL FIRST NAME*	LEGAL MIDDLE INITIAL	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*	Disclosure of social security number is mandatory pursuant to R.C. 3123.50 in furtherance of licensing provision and any other state or federal requirements.	DATE OF BIRTH*	
OHIO FIREFIGHTER CERTIFICATION 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.

**EDUCATION AND TRAINING INFORMATION**

SELECT YOUR CURRENT OHIO CERTIFICATION LEVEL:*			
<input type="checkbox"/> VOLUNTEER FIREFIGHTER	<input type="checkbox"/> FIREFIGHTER	<input type="checkbox"/> FIREFIGHTER II	
Where did you complete the fire instructor course of instruction?*			
<input type="checkbox"/> State _____	<input type="checkbox"/> District of Columbia _____		
<input type="checkbox"/> United States Territory _____	<input type="checkbox"/> Branch of US Military _____		
Did the course meet NFPA standard 1041 for Fire Instructor II?*			<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you issued an IFSAC or Pro Board certificate of completion?*			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide the IFSAC or Pro Board certification number. _____			
OUT-OF-STATE FIRE INSTRUCTOR CERTIFICATE NUMBER*	EXPIRATION DATE*		STATE*
MILITARY BRANCH*	FIRE INSTRUCTOR TRAINING LOCATION*	CONTACT OFFICIAL / DIVISION*	PHONE NUMBER*

**EDUCATION AND TRAINING INFORMATION (continued)**

List all states in which you currently hold or have previously held certification. \* (If more space is needed, attach additional page(s) to this application.)

OTHER STATE IN WHICH YOU HAVE HELD CERTIFICATION	<input type="checkbox"/> Pro Board <input type="checkbox"/> IFSAC Certificate Number	EXPIRATION DATE
OTHER STATE IN WHICH YOU HAVE HELD CERTIFICATION	<input type="checkbox"/> Pro Board <input type="checkbox"/> IFSAC Certificate Number	EXPIRATION DATE
OTHER STATE IN WHICH YOU HAVE HELD CERTIFICATION	<input type="checkbox"/> Pro Board <input type="checkbox"/> IFSAC Certificate Number	EXPIRATION DATE

**REQUIREMENTS THAT APPLICANT MUST COMPLETE THROUGH AN OHIO FIRE CHARTER**

Successfully pass the knowledge examination as set for in rule 4765-20-06 of the O.A.C.		
Date of completion*	Location*	
Successfully pass the instructional methods examination as set forth in rule 4765-20-06 of the O.A.C.		
Date of completion*	Location*	
Complete the four hour "Fire Service Training Module"	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of completion*	Location*	
Complete the four hour "Live Fire Training Awareness Course"	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of completion*	Location*	
Complete ten (10) hours of supervised teaching under the auspices of a fire charter program.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of completion*	Location*	Name of Instructor supervisor*

**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 constitutes 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 Executive Director. I further attest that I satisfy all requirements for a certificate at the level sought in this application as set forth in Section 4765.55 of the R.C. and Chapter 4765-21 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 EMS. 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>	

**MUST BE COMPLETED BY THE INSTRUCTOR OF EACH COURSE COMPLETED BY APPLICANT.\***

INSTRUCTOR TRAINER*	TRAINER CERTIFICATION NUMBER*	COURSE OR MODULE TAUGHT*
INSTRUCTOR TRAINER*	TRAINER CERTIFICATION NUMBER*	COURSE OR MODULE TAUGHT*
INSTRUCTOR TRAINER*	TRAINER CERTIFICATION NUMBER*	COURSE OR MODULE TAUGHT*

I hereby attest that the above named applicant has completed a training course(s) in accordance with Chapters 4765-11 and 4765-21 of the O.A.C. for a certificate at the level sought in this application and has been issued a certificate of completion.

PRINT PROGRAM DIRECTOR'S NAME*	
PROGRAM DIRECTOR'S SIGNATURE*	DATE*
<b>X</b>	
FIRE CHARTER PROGRAM*	FIRE CHARTER NUMBER*

**OFFICE USE ONLY**

WRITTEN EXAMINATION DATE Charter #	<input type="checkbox"/> CE APPROVED
WRITTEN EXAMINATION RESULT	<input type="checkbox"/> CE DISAPPROVED

## 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
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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 Emergency Medical Services 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;**
  - 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 the documentation to the Division of EMS, and disposition taken by the Executive Director.\*

- III. Provide an explanation for the suspension, revocation, or other disciplinary sanction(s) issued against your certificate(s), 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 constitutes 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 Executive Director. 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*  <b>X</b>	DATE*
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OHIO DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF EMERGENCY MEDICAL SERVICES

**FIRE INSTRUCTOR RECIPROCITY APPLICATION**

Incomplete applications **WILL NOT** be processed.

Required fields, as indicated by an asterisk (\*), must be completed.\*

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

The Verification of Fire Instructor Status must be completed as part of the Fire Instructor Reciprocity Application to recognize Fire Instructor credentials from another State, the District of Columbia, United States Territory, or any branch of the United States military.

**Part I** of this section is to be completed by the applicant. A copy of this form must be mailed to each state in which you currently hold or have previously held certification or military credentialing official in which you currently are, or previously were, on active duty.

**Part II** is to be completed by the out-of-state certification agency or military official, and then returned to the applicant in a sealed envelope. Once returned, the applicant must submit the sealed envelope to the Ohio Division of EMS, as part of the applicant's Fire Reciprocity Application.

**PART I – TO BE COMPLETED BY APPLICANT**

LEGAL LAST NAME*	LEGAL FIRST NAME*	LEGAL MIDDLE INITIAL	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*	Disclosure of social security number is mandatory pursuant to R.C. 3123.50 in furtherance of licensing provision and any other state or federal requirements.		DATE OF BIRTH*
CERTIFICATION / LICENSE NUMBER*	STATE*	EXPIRATION DATE*	

*If training was completed at more than one site, forward a copy of this form to each site from which credit for training is sought.*

**PART II – TO BE COMPLETED BY THE STATE CERTIFYING AGENCY OR MILITARY OFFICIAL, AND RETURNED TO APPLICANT**

CERTIFICATION / LICENSE STATUS			
<input type="checkbox"/> CURRENT <input type="checkbox"/> LAPSED <input type="checkbox"/> INACTIVE			
The above certification / license was issued based upon			
<input type="checkbox"/> Initial training completed within your State		<input type="checkbox"/> Recertification through continuing education	
<input type="checkbox"/> Reciprocity from (State) _____		<input type="checkbox"/> Other (please explain) _____	
Did the training meet NFPA 1041 Standard for Fire Instructor II? <span style="float:right"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>			
Program Management	_____ Hours	Instructional Development	_____ Hours
Administrative Issues	_____ Hours	Evaluation and Testing	_____ Hours
Instructional Delivery	_____ Hours	Total number of hours in training _____	
Did the applicant pass a written examination to obtain a certificate / certification at the completion of the course? <span style="float:right"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>			
Date	Location		
Did the applicant pass a practical examination to obtain a certificate / certification at the completion of the course? <span style="float:right"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>			
Date	Location		

**PART II (continued)**

Has the applicant incurred any disciplinary proceeding in your state, or are there disciplinary proceedings pending? <i>(if yes, please attach certified copies of any actions)</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the applicant's certification / license ever been limited, denied, surrendered, reprimanded, suspended, revoked, or any other disciplinary sanction? <i>(if yes, please attach certified copies of any actions)</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
To your knowledge, has the applicant ever been convicted of a felony or a misdemeanor? <i>(if yes, please explain)</i>		<input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you know of any reason why certification in Ohio should be denied? <i>(if yes, please explain)</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
PRINT NAME OF STATE / MILITARY OFFICIAL COMPLETING THIS FORM*			
TITLE OF OFFICIAL*		TELEPHONE NUMBER OF STATE / MILITARY OFFICIAL COMPLETING THIS FORM*	
SIGNATURE OF STATE / MILITARY OFFICIAL COMPLETING THIS FORM*			DATE*
<b>X</b>			

**After completing Part II, please return this form to the applicant in a sealed envelope with your signature across the seal. The applicant will be responsible for mailing the completed Verification of Fire Instructor Status form, along with the Fire Instructor Reciprocity Application form, to the Ohio Division of EMS for processing.**

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