



OHIO DEPARTMENT OF PUBLIC SAFETY
EMERGENCY MEDICAL SERVICES

**DECLARATION OF CRIMINAL HISTORY
FIRE 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		CERTIFICATION #		
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 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 (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.**
 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:

APPLICANT

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 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 Executive Director. I am solely responsible for my certificate of fire training. I hereby give permission to the Ohio Department of Public Safety, Division of EMS to verify any of the above information.

SIGNATURE OF APPLICANT X	DATE
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