



OHIO DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF EMERGENCY MEDICAL SERVICES

**ASSISTANT EMS INSTRUCTOR INITIAL APPLICATION**

Incomplete applications WILL NOT be processed.  
Required fields, denoted by an asterisk (\*), must be completed.  
(Please print legibly and use black or blue ink.)

The purpose of this form is to apply for an Assistant EMS Instructor certificate to teach.  
For information on certification requirements, please visit our webpage at [www.ems.ohio.gov](http://www.ems.ohio.gov).

LEGAL LAST NAME*		LEGAL FIRST NAME*		LEGAL MI	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*	<small>Disclosure of social security # is mandatory pursuant to Ohio Revised Code (R.C.) 3123.50 in furtherance of licensing provision and any other state or federal requirements.</small>		DATE OF BIRTH*	LICENSE / CERTIFICATE 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.

**You must answer the following questions for your application to be considered:\***

- Do you have any charges pending or have a conviction for a felony or a misdemeanor (other than minor traffic violation)? \*  Yes  No
- Has your EMS or instructor certificate, in this or any other state, ever been suspended, revoked, or is currently under disciplinary sanctions?\*  Yes  No

**If you answered "Yes" to either of these questions, complete the Declaration of Criminal History portion on Page 4 of this application.**

**SELECT YOUR CURRENT CERTIFICATION(S)\* (MARK ALL THAT APPLY)**

<input type="checkbox"/> Emergency Medical Responder	<input type="checkbox"/> Advanced Emergency Medical Technician	<input type="checkbox"/> Registered Nurse
<input type="checkbox"/> Emergency Medical Technician	<input type="checkbox"/> Paramedic	<input type="checkbox"/> Physician Assistant

**ASSISTANT EMS INSTRUCTOR CANDIDATES MUST MEET ALL OF THE FOLLOWING QUALIFICATIONS:\***

- Have been certified / licensed as an EMS provider, RN or PA, for at least three (3) years out of the preceding five (5) years;
- Possess a current and valid certificate to practice / license as an EMS provide, RN or PA, that is in good standing;
- Pass the knowledge examination at the level of your certificate to practice as an EMS provider within the past three (3) years;  
Date completed \_\_\_\_\_ Level of exam \_\_\_\_\_
- Pass the practical examination for your level of certificate to practice as an EMS provider within the past three (3) years;  
Date completed \_\_\_\_\_ Level of exam \_\_\_\_\_
- Successfully complete eight (8) hours in instruction specific to EMS and ten (10) hours of supervised teaching in the presence of an EMS instructor, under the auspices of an accredited institution, as required in Ohio Administrative Code (O.A.C.) 4765-18-18.

**ATTESTATION**

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 may constitute 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 Ohio State Board of Emergency Medical, Fire, and Transportation Services (EMFTS). I further attest that I satisfy all requirements for a certificate at the level sought in this application as set forth in Section 4765.23 of the R.C. and Chapter 4765-18 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, as directed by the Ohio State Board of EMFTS. 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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**TO BE COMPLETED BY ACCREDITED INSTITUTION**

<b>EIGHT-HOUR MODULE</b>		
COURSE START DATE		COURSE END DATE
INSTRUCTOR TRAINER NAME	INSTRUCTOR TRAINER CERTIFICATION NUMBER	DATE OF TRAINING COMPLETION

<b>TEN HOURS OF SUPERVISED TEACHING</b>		
START DATE		END DATE
SUPERVISING EMSI NAME	SUPERVISING EMSI CERTIFICATION NUMBER	ACCREDITATION OR CE SITE NUMBER
SUPERVISING EMSI NAME	SUPERVISING EMSI CERTIFICATION NUMBER	ACCREDITATION OR CE SITE NUMBER
SUPERVISING EMSI NAME	SUPERVISING EMSI CERTIFICATION NUMBER	ACCREDITATION OR CE SITE NUMBER
SUPERVISING EMSI NAME	SUPERVISING EMSI CERTIFICATION NUMBER	ACCREDITATION OR CE SITE NUMBER
SUPERVISING EMSI NAME	SUPERVISING EMSI CERTIFICATION NUMBER	ACCREDITATION OR CE SITE NUMBER

<b>ACCREDITED INSTITUTION ATTESTATION:*</b>	
I hereby attest that the above named applicant has completed the training course(s), in accordance with O.A.C. 4765-18, for a certificate to teach at the level sought in this application and has been issued a certificate of completion.	
PROGRAM DIRECTOR'S NAME* (PRINTED)	
PROGRAM DIRECTOR'S SIGNATURE*	DATE*
<b>X</b>	
ACCREDITED INSTITUTION*	ACCREDITED INSTITUTION CERTIFICATION NUMBER*

**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

## 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. 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; and**
  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 to the Division of EMS the information included in item numbered (I) and disposition taken by the Ohio State Board of EMFTS.\*

- III. Provide an explanation for the suspension, revocation, or other disciplinary sanction(s) issued against your certificate(s) to include the 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 may constitute 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 Ohio State Board of EMFTS. 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 *	DATE
<b>X</b>	