

- Bureau of Motor Vehicles
- Emergency Management Agency
- **Emergency Medical Services**
- Office of Criminal Justice Services
- Ohio Homeland Security
- Ohio State Highway Patrol



Emergency Medical Services
1970 West Broad Street
P.O. Box 182073
Columbus, Ohio 43218-2073
(614) 466-9447 • (800) 233-0785
www.ems.ohio.gov

Dear EMS Reciprocity Candidate:

Thank you for your interest in providing emergency medical care in Ohio. Attached is the reciprocity application you requested.

An applicant for an Ohio certificate to practice must have completed a U.S. D.O.T. National Standard Curriculum course of instruction, which is substantially similar to the curriculum requirements of Ohio. If there are any areas of deficiency identified in the curriculum or certification standards, you will be required to correct these deficiencies through an Ohio **accredited** training institution prior to receiving a certificate to practice. (A complete listing of accredited facilities is available on our Web site at <https://services.dps.ohio.gov/EMSSchools/TrainingFacility/>.)

NOTE: *Any candidate with areas of deficiencies will be notified by the Division of EMS. In the event that you require additional training, the division shall provide you with the appropriate documents that you will need to provide to the training facility personnel.*

Applicants who completed training in another state:

- Complete the reciprocity application and **attach a copy of a current state certification and a valid National Registry card at the level for which certification is sought.**
- **The Verification Form is to be forwarded (by the candidate) to the state certifying agency of the state in which initial training was completed, as well as any other state in which you hold, or have ever held, certification.** The verification form will be used to determine if additional course work is needed to meet Ohio curriculum requirements.
- Mail all documents (application, state card, National Registry card, and \$75.00 check or money order payable to Ohio Treasurer of State) to the address listed on the letterhead.

Applicants who are or were a member of the United States armed services and who received their EMT training while in the military:

- Complete the reciprocity application and attach a copy of a valid National Registry card at the level for which certification is sought. **Proof of military membership (DD Form 214, current military ID badge, statement of service) or proof of armed services training is required at the time the application is submitted.** If you are a Department of Defense (DOD) candidate, a valid letter from the Directorate of Personnel attesting that you have military affiliation must accompany the initial submission of the application.
- The Verification Form is to be forwarded for completion to the military site where training was conducted. **A copy of the course outline, including topic areas and hours of instruction in each topic area, must be included with the form.** The verification form, and course information, will be used to determine if additional course work is needed to meet Ohio curriculum requirements.
- Mail all documents (application, National Registry card, proof of military status, completed Verification Form, course outline, and a DMA Form) to the address listed on the letterhead.

Please review the application carefully before submitting to ensure the application is complete and all the required documentation is attached. All documentation must be submitted before your application can be

Mission Statement

"to save lives, reduce injuries and economic loss, to administer Ohio's motor vehicle laws and to preserve the safety and well being of all citizens with the most cost-effective and service-oriented methods available."

processed. You may not function as an EMT in Ohio until you have been issued an Ohio certificate to practice.

***** NOTE: The information submitted to the Division of EMS will remain 'active' for a period of six (6) months. Should your application process require additional time, you must contact the division and obtain a new candidate application form.**

If you have any questions regarding the application process, please contact the Ohio Division of EMS at the address and phone numbers listed on the letterhead.



OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

EMS RECIPROCITY APPLICATION CHECK SHEET

Please refer to the initial application for clarification of needed information.

Application Procedure:

Documentation Needed:

Before mailing, did you

- Complete the application in its entirety (both front and back)?
- Complete Part I of the Verification Form, then forward it to the state (or military installation) where you received your original training, as well as any other state(s) that you have held (or currently hold) certificates?
- Copy your National Registry certification and attach it to the application?
- Copy your current state(s) certification and attach it to the application?
- If military personnel, copy your military DD214 or current Military ID Badge and attach it to the application?
- Include a check or money order in the amount of \$75.00 made payable to Ohio Treasurer of State.

Upon evaluation of all documentation, EMT-Basics and Intermediates may need to achieve additional training to meet the requirements in the State of Ohio. Applicant submissions and the Verification Form(s) will be the determining factor in the necessity for additional training. If additional training is required, the Division of EMS will provide you with the appropriate forms that will be necessary for completion.



OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

EMS RECIPROCITY APPLICATION

Please Print Use Ink

SECTION 1 – 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 Ohio Revised Code (R.C.) 3123.50 in furtherance of licensing provision and any other state or federal requirements.		DATE OF BIRTH

LEVEL FOR WHICH YOU ARE APPLYING

<input type="checkbox"/> Emergency Medical Responder (EMR)	<input type="checkbox"/> Emergency Medical Technician (EMT)	<input type="checkbox"/> Advanced EMT (AEMT)	<input type="checkbox"/> Paramedic
DO YOU HAVE A CURRENT OR EXPIRED OHIO EMS OR FIRE CERTIFICATION?*		IF YES, OHIO CERTIFICATION NUMBER	
<input type="checkbox"/> Yes <input type="checkbox"/> No			

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.

SECTION 2 – EDUCATION AND TRAINING INFORMATION

OUT OF STATE EMS CERTIFICATE NUMBER	EXPIRATION DATE	LEVEL
NATIONAL REGISTRY OF EMTS CERTIFICATE NUMBER	EXPIRATION DATE	LEVEL

COPIES OF THE ABOVE CARD(S) MUST ACCOMPANY APPLICATION

STATE IN WHICH YOU RECEIVED YOUR INITIAL TRAINING	DATE
STATE(S) IN WHICH YOU RENEWED YOUR CERTIFICATION	DATE(S)
OTHER STATE(S) IN WHICH YOU HAVE HELD CERTIFICATION:	DATE LAST HELD
NUMBER OF CONTINUING EDUCATION HOURS YOU HAVE ACCUMULATED SINCE YOUR LAST CERTIFICATION EXAM OR RENEWAL:	

MILITARY PERSONNEL ONLY

MILITARY BRANCH	EMS TRAINING OBTAINED AT	CONTACT PERSONNEL / DIVISION	PHONE NUMBER
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Copies of the National Registry EMT card, and appropriate military documentation, must accompany application (e.g., DD214 or military ID badge)

SECTION 2 – (Continued) EDUCATION AND TRAINING INFORMATION

Paramedic Applicants – Please skip to Section 3

EMR, EMT and AEMT– Please mark the skills that were included in your training:

EMR	EMT	AEMT
<input type="checkbox"/> Automated External Defibrillator	<input type="checkbox"/> Automated External Defibrillator	<input type="checkbox"/> Automated External Defibrillator
<input type="checkbox"/> Epinephrine Auto-Injector	<input type="checkbox"/> Epinephrine Auto-Injector	<input type="checkbox"/> Manual Defibrillation
<input type="checkbox"/> Oxygen Administration	<input type="checkbox"/> Dual Lumen Airway	<input type="checkbox"/> Epinephrine Auto-Injector
	<input type="checkbox"/> Nasal Gastric Tube Insertion	<input type="checkbox"/> Dual Lumen Airway
	<input type="checkbox"/> Adult Endotracheal Intubation	<input type="checkbox"/> Nasal Gastric Tube Insertion
	<input type="checkbox"/> Pedi. Endotracheal Intubation	<input type="checkbox"/> Adult Endotracheal Intubation
		<input type="checkbox"/> Pedi. Endotracheal Intubation
		<input type="checkbox"/> Epinephrine auto-injection (Epi-pen administration)
		<input type="checkbox"/> Epinephrine Subcutaneous Injection
		<input type="checkbox"/> Peripheral IV's
		<input type="checkbox"/> Intraosseous Infusion
		<input type="checkbox"/> Other Medication Admin / Route (List) _____

NOTE: If your training did not include the above skills, you will have to complete the training at an accredited training institution in Ohio PRIOR to receiving Ohio Certification

SECTION 3 – CERTIFICATION HISTORY

Have you ever:

- Had disciplinary action taken against your EMS personnel certification? Yes No
- Been suspended / revoked in any state? Yes No
- Been denied certification in any state? Yes No

Previously received reciprocity in any state(s) Yes No

If yes, list which state(s): _____

SECTION 4 – FELONY / MISDEMEANOR INFORMATION (All applicants are required to complete this section)

ALL APPLICANTS ARE SOLELY RESPONSIBLE FOR THEIR CERTIFICATE TO PRACTICE AND ALL ASSOCIATED REQUIREMENTS TO MAINTAIN A CURRENT CERTIFICATION.

1. Do you, as the person accepting responsibility by signing this form, have charges pending or have a conviction for a felony or misdemeanor other than a minor traffic violation or a judicial finding of eligibility for treatment in lieu of conviction? Yes No
2. Have you committed any act in another state that, if committed in Ohio would be applicable to caption (1.) listed above? Yes No

If you answered "yes" to either question above, then you must submit documentation and court records to explain the circumstances in your case. Documentation should include a certified judgment entry from the court where the conviction occurred and a copy of the law enforcement investigative report.

SECTION 5 – ATTESTED SIGNATURE AND DATE

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 the requirements for a certificate at the level sought in this application as set forth in Section 4765.30 of the R.C. and Chapter 4765-8 of the Ohio Administrative Code (O.A.C.). I am solely responsible for my certificate. I understand that I must maintain records relating to the requirements for continuing education. 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.

SIGNATURE X	DATE
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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 or a misdemeanor other than a minor traffic offense, you shall provide the Division of 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; 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
X	



OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

VERIFICATION OF EMT STATUS

Applicants with out-of-state certification are to complete Part I and mail this form to the issuing state certification board. Part II is to be completed by the state certifying agency. **This form must be forwarded to the state where initial training was completed, as well as any other state the applicant has held or currently holds EMT certification.**

PART I. - TO BE COMPLETED BY APPLICANT

PLEASE INDICATE THE LEVEL OF CERTIFICATION FOR WHICH YOU ARE REQUESTING VERIFICATION:

- Emergency Medical Responder (EMR)
 Emergency Medical Technician (EMT)
 Advanced EMT (AEMT)
 Paramedic

APPLICANT'S FULL NAME – FIRST	MIDDLE	LAST	
CERTIFICATION / LICENSE NUMBER	STATE	EXPIRATION DATE	SOCIAL SECURITY NUMBER

***ARMED SERVICES APPLICANTS** – have form completed by training officer at site where training was completed. You MUST attach a copy of course outline with number of hours in each topic area. 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

CERTIFICATION / LICENSE TYPE	NUMBER	EXPIRATION DATE
EMR		
EMT		
AEMT <input type="checkbox"/> '85 <input type="checkbox"/> '99		
Paramedic		

CERTIFICATION / LICENSE STATUS

- Current
 Lapsed
 Inactive

THE ABOVE CERTIFICATION / LICENSE WAS ISSUED BASED UPON:

- Initial training completed within your state
 Recertification through continuing education
 Reciprocity from (state): _____
 Other (please explain): _____

DID THE TRAINING MEET USDOT CURRICULUM GUIDELINES?

- Yes No
 Total number of hours in training: _____

HAS THE APPLICANT INCURRED ANY DISCIPLINARY PROCEEDING IN YOUR STATE, OR ARE THERE DISCIPLINARY PROCEEDINGS PENDING?

- Yes (if yes, please attach certified copies of any actions)
 No

HAS THE APPLICANT'S CERTIFICATION / LICENSE EVER BEEN LIMITED, DENIED, SURRENDERED, REPRIMANDED, SUSPENDED OR REVOKED?

- Yes (if yes, please attach certified copies of any actions)
 No

HAS THE APPLICANT EVER BEEN CONVICTED OF A FELONY?

- Yes (if yes, please explain): _____
 No Unknown

DO YOU KNOW OF ANY REASON WHY CERTIFICATION IN OHIO SHOULD BE DENIED?

Yes (if yes, please explain): _____

No

IF APPLYING FOR EMR, DID THE APPLICANT'S TRAINING INCLUDE THE FOLLOWING (check the appropriate box(es)):

Automated External Defibrillation (AED) Oxygen Administration Epinephrine Administration (Epi-pen)

IF APPLYING FOR EMT, DID THE APPLICANT'S TRAINING INCLUDE THE FOLLOWING (check the appropriate box(es)):

Automated External Defibrillation (AED) Epinephrine Administration (Epi-pen) Dual Lumen Airway
 Endotracheal Intubation – Adult Endotracheal Intubation – Pediatric Nasal Gastric Tube Insertion

IF APPLYING FOR AEMT, DID THE APPLICANT'S TRAINING INCLUDE THE FOLLOWING (check the appropriate box(es)):

Automated External Defibrillation (AED) Endotracheal Intubation - Adult Peripheral IV's
 Manual Defibrillation Endotracheal Intubation – Pediatric Intraosseous Infusion
 Epinephrine Administration (Epi Pen) Dual Lumen Airway Medication administration other than O₂
 Epinephrine Administration (Subcutaneous) Nasal Gastric Tube Insertion and epinephrine

NAME (PRINT) OF STATE / MILITARY OFFICIAL COMPLETING THIS FORM	TITLE OF OFFICIAL
SIGNATURE OF ABOVE OFFICIAL X	TELEPHONE NUMBER OF ABOVE OFFICIAL

PLEASE RETURN TO:
 Division of Emergency Medical Services
 1970 West Broad Street
 P.O. Box 182073
 Columbus, Ohio 43218-2073
 Phone (800) 233-0785 Fax (614) 466-9461