



FIRE INSTRUCTOR RECIPROCITY PACKET

A candidate seeking fire instructor certification through reciprocity shall meet all of the following criteria:

- Shall have successfully completed fire instructor training from another state, the District of Columbia, a United States territory, or any branch of the United States military that is substantially similar to the curriculum requirements in Chapter 4765-11 and 4765-21 of the Ohio Administrative Code (O.A.C.), accessible via the following link: <http://codes.ohio.gov/oac/4765>;
- Shall possess a current and valid certificate or license to teach fire training from another state, the District of Columbia, a United States territory, or any branch of the United States military;
- Shall possess a current and valid Ohio firefighter certificate, or license, that is in good standing, issued under O.A.C. 4765-20-02;
- In the preceding seven years, have at least five years of experience as a certified firefighter. Experience as a firefighter in another state, the District of Columbia, a United States territory, or any branch of the United States military may be used to fulfill this requirement;
- Successfully pass the knowledge examination as set forth in rule 4765-20-06 of the O.A.C. at the firefighter II level;
- Successfully pass the instructional methods examination, as set forth in rule 4765-20-06 of the O.A.C.;
- Successfully complete the four hour Fire Service Training Module, the four hour Live Fire Training Awareness Course, and ten hours of supervised teaching under the direct supervision of a fire instructor and under the auspices of a chartered program.

NOTE: An active member of the armed forces or veteran may submit any documentation, evidence, statement or endorsement that may be available or produced for consideration to demonstrate substantial equivalence of education and experience while serving in the armed forces to meet the certification requirements. Candidates should contact the Ohio Division of Emergency Medical Services (EMS) regarding substantial equivalence.

FIRE INSTRUCTOR RECIPROCITY PACKET INCLUDES

- A. Fire Instructor Reciprocity Process Instructions / Checklist (1 page)
- B. Request for Fire Instructor Reciprocity form (2 pages)
- C. Verification of Fire Instructor Status for Reciprocity form (3 pages)

NOTE: The Fire Instructor Reciprocity Packet is not an application for certification. It is a request to be eligible to participate in required course completion components for certification. Successful completion of required components, including examinations, training, and supervised teaching, is required for certification.

FIRE INSTRUCTOR RECIPROCITY REQUEST PROCESS

1. Please complete and sign all forms.
2. Use the checklist (next page) to make sure all documentation is included with your submission.
3. Return signed forms and all required documentation via U.S. Mail to:

OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES
1970 West Broad St., P.O. Box 182073
Columbus, OH 43218-2073

**DO NOT SUBMIT FORMS WITHOUT ALL REQUIRED DOCUMENTATION.
ALL REQUESTED INFORMATION SHALL BE SUBMITTED AS A PACKET.**

Please contact the Division of EMS at (800) 233-0785 with questions regarding the fire instructor reciprocity process.

A. FIRE INSTRUCTOR RECIPROCITY PROCESS INSTRUCTIONS / CHECKLIST

PLEASE USE THIS CHECKLIST TO MAKE SURE ALL DOCUMENTATION IS INCLUDED WITH YOUR SUBMISSION.

**DO NOT SUBMIT FORMS WITHOUT ALL REQUIRED DOCUMENTATION.
ALL REQUESTED INFORMATION SHALL BE SUBMITTED AS A PACKET.**

<input type="checkbox"/>	Complete and sign the Request for Fire Instructor Reciprocity form.
<input type="checkbox"/>	Complete Part I of the Verification of Fire Instructor Status for Reciprocity form, then:
<input type="checkbox"/>	Send a copy of the Verification of Fire Instructor Status for Reciprocity form, with Part I completed and signed, to: <ul style="list-style-type: none"> • Each state / territory in which you hold or have previously held certification, AND / OR • The military branch credentialing office (where training was conducted) in which you currently are, or previously were, on active duty.
<input type="checkbox"/>	Part II is to be completed by the out-of-state certification agency and / or military official, and then returned to the candidate in a sealed envelope . Once returned, the candidate must submit the sealed envelope to the Ohio Division of EMS, along with the other documents included with this packet and all requested documentation. DO NOT RETURN THE PACKET WITHOUT A COMPLETED AND SIGNED PART II OF THE VERIFICATION OF FIRE INSTRUCTOR STATUS FORM.
<input type="checkbox"/>	Submit a copy of your current instructor certification card from another state, the District of Columbia, United States territory, or any branch of the United States military.
<input type="checkbox"/>	Submit a copy of your certificate of completion of fire instructor training (showing dates of training) and / or copy of Pro Board or IFSAC certificates.
<input type="checkbox"/>	Submit a copy of your current Ohio firefighter certificate issued under section 4765.55 of the Ohio Revised Code (R.C.) and rule 4765-20-02 of the O.A.C. that is in good standing.
<input type="checkbox"/>	Military candidates must attach a copy of their DD-214, if discharged.
<input type="checkbox"/>	Send all required forms and documentation to the Ohio Department of Public Safety, Division of EMS.

IF ONE OR BOTH OF THE FOLLOWING APPLY, CANDIDATES WILL BE REQUIRED TO PROVIDE ADDITIONAL INFORMATION AT THE TIME OF APPLICATION. PRIOR TO SUBMISSION OF THIS PACKET, PLEASE CONTACT THE DIVISION OF EMS COMPLIANCE AND INVESTIGATIONS SECTION *IF*:

- You have charges pending or have a conviction for a felony or a misdemeanor (other than minor traffic violation), *AND / OR*
- Your firefighter certificate, fire safety inspector certificate, or fire instructor certificate, in this or any other state, has ever been suspended, revoked, or is currently under disciplinary sanctions.

After all forms and documentation have been reviewed and approved, you will be issued a letter authorizing you to take the required Ohio fire instructor knowledge examination. This examination must be successfully passed to be eligible to proceed with the process. The knowledge and instructional methods examinations, as well as the 4-hour Fire Service Training Module, 4-hour Live Fire Training Awareness Course, and 10 hours of supervised teaching shall be completed within 2 years of approval to test. The Fire Instructor reciprocity requirements shall be conducted at an Ohio chartered fire training institution. After completing all requirements you will be eligible to submit an application for certification.

Please contact the Division of EMS at (800) 233-0785 with questions regarding the reciprocity process.

B. REQUEST FOR FIRE INSTRUCTOR RECIPROCITY

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 request that an individual's fire instructor credentials from another state, the District of Columbia, a United States territory, or from any branch of the United States military be recognized as meeting the requirements to sit for the written examinations required to receive an Ohio fire instructor certificate. For information on certification requirements, please visit our webpage at www.ems.ohio.gov.

GENERAL INFORMATION

LEGAL LAST NAME*	LEGAL FIRST NAME*	LEGAL MI	SUFFIX
HOME ADDRESS (STREET)*		P.O. BOX	
CITY*	STATE / TERRITORY*	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*	
<input type="checkbox"/> ACTIVE MEMBER OR VETERAN OF THE ARMED FORCES		MILITARY BRANCH: _____	

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.

BRANCH OF THE UNITED STATES MILITARY FROM WHICH YOU RECEIVED INITIAL TRAINING OR HELD CERTIFICATION

MILITARY BRANCH*	FIRE TRAINING CERTIFICATION LEVEL*
CONTACT PERSON / DIVISION*	PHONE*

EDUCATION AND TRAINING INFORMATION*

OUT-OF-STATE CERTIFICATION NUMBER*	STATE / TERRITORY*	CERTIFICATION LEVEL*	EXPIRATION DATE*
------------------------------------	--------------------	----------------------	------------------

LIST STATE / TERRITORY FROM WHICH YOU RECEIVED INITIAL TRAINING. LIST ALL STATES / TERRITORIES IN WHICH YOU CURRENTLY HOLD OR HAVE PREVIOUSLY HELD CERTIFICATION.

[If more space is needed, attach additional page(s) to this application.]

STATE / TERRITORY IN WHICH YOU RECEIVED YOUR INITIAL TRAINING*	DATE RECEIVED*	EXPIRATION DATE*
OTHER STATE / TERRITORY IN WHICH YOU CURRENTLY HOLD OR HAVE PREVIOUSLY HELD CERTIFICATION*		EXPIRATION DATE*
OTHER STATE / TERRITORY IN WHICH YOU CURRENTLY HOLD OR HAVE PREVIOUSLY HELD CERTIFICATION*		EXPIRATION DATE*

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 form 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 Executive Director. I further attest that I satisfy all requirements for eligibility to sit for the written examinations for a certificate at the level sought, in accordance with Section 4765.55 of the R.C. and O.A.C. Chapters 4765-20 and 4765-21. 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.

CANDIDATE'S SIGNATURE X	DATE
-----------------------------------	------

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

**DO NOT SUBMIT FORMS WITHOUT ALL REQUIRED DOCUMENTATION.
 ALL REQUESTED INFORMATION SHALL BE SUBMITTED AS A PACKET.**

C. VERIFICATION OF FIRE INSTRUCTOR STATUS FOR RECIPROCIITY

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 for Reciprocity form must be completed to recognize fire instructor credentials from another State, the District of Columbia, a United States territory, or any branch of the United States military.

Part I of this section is to be completed by the candidate. A copy of this form, with Part I completed by the candidate, must be mailed to each state / territory in which the candidate currently holds or has previously held certification, or to the military credentialing official in which the candidate currently is, or previously was, on active duty.

Part II is to be completed by the out-of-state certification agency or military official, and then returned to the candidate in a **sealed envelope** with the signature of the state / military official across the seal. Once returned, the candidate must submit the **sealed envelope** to the Ohio Division of EMS, along with the other documents included with this packet and all requested documentation.

PART I – TO BE COMPLETED BY CANDIDATE

LEGAL LAST NAME*	LEGAL FIRST NAME*	LEGAL MIDDLE INITIAL	SUFFIX
HOME ADDRESS (STREET)*			P.O. BOX
CITY*	STATE / TERRITORY*	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 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 AND RETURNED TO CANDIDATE

CERTIFICATION / LICENSE NUMBER*	EXPIRATION DATE*
CERTIFICATION / LICENSE STATUS*	
<input type="checkbox"/> CURRENT <input type="checkbox"/> LAPSED <input type="checkbox"/> INACTIVE <input type="checkbox"/> REVOKED <input type="checkbox"/> OTHER (explain) _____	

THE ABOVE CERTIFICATION / LICENSE WAS ISSUED BASED UPON*

- | | |
|---|---|
| <input type="checkbox"/> Initial training completed within your State / Territory | <input type="checkbox"/> Recertification through continuing education |
| <input type="checkbox"/> Reciprocity from (State) | <input type="checkbox"/> Other (please explain) |

Yes No Did the training meet NFPA 1041: Standard for Fire Service Instructor Professional Qualifications?*

TOTAL NUMBER OF HOURS IN TRAINING

TOTAL NUMBER OF CLASSROOM HOURS

TOTAL NUMBER OF PRACTICAL HOURS

TOTAL NUMBER OF ONLINE HOURS

(If the answer is "No", please submit the course curriculum and description.)

PART II (continued)

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did the candidate pass one or more written examinations that test knowledge to provide fire instructor services?*
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did the candidate pass a state examination to obtain certification at the completion of the course?*
Test Date _____		
Was the training recognized by International Fire Service Accreditation Congress (IFSAC) or Pro Board Fire Service Professional Qualification System?*		
<input type="checkbox"/> Yes <i>[If yes, please attach a copy of certificate(s).]</i>		
<input type="checkbox"/> No		
Has the candidate incurred any disciplinary proceedings in your state, or are there disciplinary proceedings pending?*		
<input type="checkbox"/> Yes <i>(If yes, please attach certified copies of any actions.)</i>		
<input type="checkbox"/> No		
Has the candidate's certification / license ever been limited, denied, surrendered, reprimanded, suspended, or revoked?*		
<input type="checkbox"/> Yes <i>(If yes, please attach certified copies of any actions.)</i>		
<input type="checkbox"/> No		
To your knowledge, has the candidate ever been convicted of a misdemeanor, other than a minor traffic offense, or a felony?*		
<input type="checkbox"/> Yes <i>(If yes, please explain.)</i> _____		
<input type="checkbox"/> No		
Do you know of any reason why certification in Ohio should be denied?		
<input type="checkbox"/> Yes <i>(If yes, please explain.)</i> _____		
<input type="checkbox"/> No		

Did the candidate's training include the following? *(Check all boxes that apply; indicate hours and provide total number of hours.)*

TOPIC	HOURS	TOPIC	HOURS
<input type="checkbox"/> Roles And Responsibilities		<input type="checkbox"/> Planning Instruction	
<input type="checkbox"/> Administrative Issues		<input type="checkbox"/> Lesson Plan Development	
<input type="checkbox"/> Ethics		<input type="checkbox"/> Teaching Strategies	
<input type="checkbox"/> Legal Issues		<input type="checkbox"/> Psychomotor Skills Facilitation	
<input type="checkbox"/> Learning Environment		<input type="checkbox"/> Multimedia and Instructional Resources	
<input type="checkbox"/> Classroom Management		<input type="checkbox"/> Testing and Evaluation	
<input type="checkbox"/> Learner Characteristics		<input type="checkbox"/> Capstone Requirements	
<input type="checkbox"/> Domains of Learning		<input type="checkbox"/> Other	
<input type="checkbox"/> Standards and Objectives			
Total Number of Hours			

PART II (continued)

COMMENTS:	
PRINT NAME OF STATE / TERRITORY / MILITARY OFFICIAL COMPLETING THIS FORM:*	
TITLE OF STATE / TERRITORY / MILITARY OFFICIAL COMPLETING FORM:*	
STATE / TERRITORY / SERVICE BRANCH*	
TELEPHONE NUMBER OF STATE / TERRITORY / MILITARY OFFICIAL COMPLETING FORM:*	
SIGNATURE OF STATE / TERRITORY / MILITARY OFFICIAL COMPLETING THIS FORM:*	DATE*
X	

After completing Part II, please return this form to the candidate in a sealed envelope with your signature across the seal. The candidate will be responsible for mailing the completed Verification of Fire Instructor Status for Reciprocity form, along with the Request for Fire Instructor Reciprocity form and required documentation, 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

**DO NOT SUBMIT FORMS WITHOUT ALL REQUIRED DOCUMENTATION.
ALL REQUESTED INFORMATION SHALL BE SUBMITTED AS A PACKET.**