



OHIO DEPARTMENT OF PUBLIC SAFETY
EMERGENCY MEDICAL SERVICES

**EMS CONTINUING EDUCATION INSTRUCTOR
REINSTATEMENT APPLICATION**
(Ohio Administrative Code 4765-18-17)

All information MUST be included. Incomplete applications WILL NOT be processed.
PLEASE PRINT LEGIBLY AND USE BLACK OR BLUE INK.

LEGAL LAST NAME		LEGAL FIRST NAME		LEGAL MIDDLE INITIAL
HOME ADDRESS			P.O. BOX	CITY STATE
ZIP CODE	COUNTY OF RESIDENCE	HOME PHONE () -	WORK PHONE () -	
E-MAIL ADDRESS		SECONDARY E-MAIL ADDRESS	EXPIRED CERTIFICATE TO TEACH NUMBER	
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		CERTIFICATE TO TEACH EXPIRATION DATE	
EDUCATIONAL INSTITUTION AFFILIATION (IF ANY)				
INSTITUTION ADDRESS			P.O. BOX	
CITY	STATE	ZIP CODE		
INSTRUCTOR TRAINER	TRAINER CERTIFICATION NUMBER		DATE OF TRAINING COMPLETION	
<p>Please submit the Application Fee Remittance form to include twenty-five (\$25) dollars. If your certificate to teach has been expired for more than 2 years, you are not eligible for reinstatement.</p>				
1. Do you currently hold a valid certificate or license as a First Responder, EMT, Registered Nurse, or Physician Assistant? <input type="checkbox"/> Yes <input type="checkbox"/> No				
2. At the time of expiration was your EMS Continuing Education Instructor certificate to teach under any disciplinary action? <input type="checkbox"/> Yes <input type="checkbox"/> No				
3. Have you successfully completed all renewal requirements, if not, please do so before submitting this application? <input type="checkbox"/> Yes <input type="checkbox"/> No Please submit documentation showing completion of renewal requirements.				
4. Are you in compliance with rule 4765-8-01 (A)(6) to (12) of the Ohio Administrative Code? <input type="checkbox"/> Yes <input type="checkbox"/> No				
5. Do you, as the person accepting responsibility by signing this form, have charges pending or have a conviction for a felony or a misdemeanor (other than a minor traffic violation), or a judicial finding of eligibility for treatment in lieu of conviction? <input type="checkbox"/> Yes <input type="checkbox"/> No				
6. Has your EMS certificate to practice or certificate to teach, in this or any other state, ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes to questions 5 or 6 above, you must complete the second page of this form.				
I attest that all information provided is true and accurate to the best of my knowledge and 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 and may also be grounds for denial, suspension or revocation of my certificate to teach. I further attest that I satisfy the requirements for a certificate to teach at the level sought in this application as set forth in 4765.23 of the Ohio Revised Code and Chapter 4765-18 of the Ohio Administrative Code and I am solely responsible for my certificate to teach. I understand that I must maintain records relating to the renewal requirements for this certificate and that such records are subject to audit by the State Board of EMS. I hereby give permission to the Division of Emergency Medical Services to verify any of the above information.				
APPLICANT SIGNATURE X			DATE	
I attest that I am the authorized Program Director for the approved or accredited institution listed below and that the above named applicant has provided written documentation of their qualifications for an EMS continuing education instructor certificate to teach.				
EMS PROGRAM DIRECTOR NAME (PLEASE PRINT)				
EMS PROGRAM DIRECTOR SIGNATURE X			DATE	

CRIMINAL HISTORY INFORMATION

CRIMINAL CONVICTION	COURT WHERE CONVICTION OCCURRED	CONVICTION DATE	LEVEL OF CONVICTION MISDEMEANOR/FELONY	ARRESTING POLICE AGENCY

I. If you have been convicted of, pled guilty to, had a judicial finding of guilt for, or had a judicial finding of eligibility for treatment and/or intervention in lieu of conviction for any felony, a misdemeanor committed in the course of practice, misdemeanor involving moral turpitude, a violation of any federal, state, county, or municipal narcotics or controlled substance law since your last or renewal/ initial application, 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 below to include, when you submitted to the Division of EMS the information included in item numbered (I) and disposition taken by the State Board of Emergency Medical Services:

III. Please provide an explanation for the suspension or revocation of your certificate to practice, or certificate to teach, and the date the action was taken:

EMS APPLICANTS

I affirm that I have not been convicted of, pled guilty to, had a judicial finding of guilt for, or had a judicial finding of eligibility for treatment and/or intervention in lieu of conviction for, 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 State Board of EMS. I am solely responsible for my certificate to practice. I hereby give permission to the Division of Emergency Medical Services to verify any of the above information.

APPLICANT SIGNATURE

X

DATE

Return To:

Ohio Department of Public Safety
 Emergency Medical Services
 1970 West Broad Street, P.O. Box 182073
 Columbus, OH 43218-2073
 Phone: (800) 233-0785 or (614) 466-9447
 Fax: (614) 995-7012 or (614) 466-9461