



OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

**EXEMPTION REQUEST FOR CONTINUING EDUCATION
FOR EMS CERTIFICATES**

Incomplete forms **WILL NOT** be processed.
Required fields, as indicated by an asterisk (*), must be completed.

(Please print legibly and use black or blue ink.)

The purpose of this form is to request a complete or partial exemption of the continuing education and / or instructional requirements to renew an **Emergency Medical Responder, Emergency Medical Technician, Advanced Emergency Medical Technician, Paramedic, EMS Instructor, Assistant EMS Instructor**, and / or **Continuing Education Instructor** certification due to active military duty, medical hardship, or unusual circumstances.

| | | | |
|------------------------|--------------------------------|--------------------------|---------------------|
| 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 | |
| CERTIFICATION NUMBER* | CERTIFICATION EXPIRATION DATE* | DATE OF BIRTH* | |

ARMED FORCES INFORMATION*

Using the definition of armed forces provided, check all that apply and provide information requested.
Mark at least one response.

"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. (Ohio Revised Code section 5903.01)

| |
|---|
| <input type="checkbox"/> I am a veteran of the armed forces, discharged / released under honorable conditions. Year of discharge / release _____ |
| <input type="checkbox"/> I am a current member of the armed forces. |
| <input type="checkbox"/> 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 _____ |
| <input type="checkbox"/> I am a surviving spouse of a service member or veteran, discharged / released under honorable conditions. Year of veteran's discharge / release _____ |
| <input type="checkbox"/> None of the above. |

| EXEMPTION REQUEST FOR THE FOLLOWING CERTIFICATION(S)* | COMPLETE | PARTIAL, if so number of CE / Instructional hours completed |
|--|--------------------------|---|
| <input type="checkbox"/> EMERGENCY MEDICAL RESPONDER | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| <input type="checkbox"/> EMERGENCY MEDICAL TECHNICIAN | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| <input type="checkbox"/> ADVANCED EMERGENCY MEDICAL TECHNICIAN | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| <input type="checkbox"/> PARAMEDIC | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| <input type="checkbox"/> EMS INSTRUCTOR | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| <input type="checkbox"/> ASSISTANT EMS INSTRUCTOR | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| <input type="checkbox"/> CONTINUING EDUCATION INSTRUCTOR | <input type="checkbox"/> | <input type="checkbox"/> _____ |

JUSTIFICATION FOR THE EXEMPTION REQUEST*

- Active military duty served during the certification period.
 - Request must be submitted no later than 18 months from discharge.
 - Must submit DD214 or copy of official orders.

- Medical hardship or unusual circumstances that impacted ability to comply with CE requirements.
 - Request must be submitted to the Division of Emergency Medical Services (EMS) prior to expiration date of certificate.
 - Please submit documentation that demonstrates impact on your ability to comply.

ATTESTATION

I understand that in requesting this exemption, I certify that I am unable to meet the continuing educational requirements and / or instructional renewal requirements for certification renewal prior to the expiration date of my certificate(s) and in accordance with Chapters 4765-12, 4765-15, 4765-16, 4765-17, and / or 4765-18 of the Ohio Administrative Code (O.A.C.). I understand that should the exemption request not be granted, my certification(s) will be considered lapsed / expired, and I must immediately cease functioning as an EMS provider and / or instructor unless I have been issued a functioning extension in accordance with Rule 4765-19-03 of the O.A.C. I further understand that the certification(s) may be reinstated, in accordance with Rules 4765-8-18, 4765-18-17, 4765-18-20, and / or 4765-18-22 of the O.A.C. as applicable.

| | |
|------------------------------------|-------|
| APPLICANT'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