



## Certificate of Approval Renewal Application

---

**Return Completed Application to:**

**Division of Emergency Medical Services  
P. O. Box 182073  
Columbus, OH 43218-2073**

**General Program Contact Information**

*(Please Type or Print Legibly)*

Program Name: *(Note: name of organization must match the name on the certificate)*

Program Address:

Street Address

City

State

Zip

County

Program Mailing Address (if different from street address):

**Authorizing Official \* Information**

*\* This person has signature authority for the organization and either owns, or maintains responsibility on behalf of, the organization*

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Program Coordinator Information**

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Medical Director Information**

**Program Medical Director Information:**

Name: \_\_\_\_\_

License #: \_\_\_\_\_ Specialty: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

The applicant must have a program coordinator who assumes general responsibility for administering and operating the program. [ O.A.C. 4765-7-09 (B) (1) ]

Describe the duties of the program coordinator:

The applicant must have a program medical director who assumes responsibility for the medical components of the program. [ O.A.C. 4765-7-09 (B) (2) ]

All courses offered through a training program shall be developed under the direction of a physician who specializes in emergency medicine. Each course that deals with trauma care shall be developed in consultation with a physician who specializes in trauma surgery. [ O.R.C. 4765.16 (A) ]

Is your program medical director a licensed physician who specializes in emergency medicine?

Does your medical director hold a certificate to teach EMS?

(If yes, list cert # \_\_\_\_\_)

Describe the role your program medical director serves with the training program:

Instruction must be provided by instructors who hold a certificate to teach issued under section 4765.23 of the revised code that is appropriate to the level of programs to be taught. [ O.A.C. 4765-7-09 (B) (3); O.A.C. 4765-18; O.R.C. 4765.16 ]

List the instructors utilized in your program: (copy page if additional space is needed)

EMS Instructors

Special Topic Instructors

Name:

Name:

Instr. Cert #:

Instr. Cert #:

Name:

Name:

Instr. Cert #:

Instr. Cert #

The applicant must have sufficient classroom and laboratory facilities to accommodate the number of participants in each program. [ O.A.C. 4765-7-09 (B) (4) ]

List the number of CE programs provided during the current Certificate of Approval cycle (past three years) and the average number of participants in attendance:

Have all facilities utilized been visited to determine limits for class size for lecture and hands-on programs?

Do all the facilities utilized provide an appropriate classroom environment?

List all sites used for course offerings during the current cycle (past three years). Include the number of participants the classroom will accommodate in classroom style: (copy page if additional space is needed)

Site Name: Capacity:  
Site Address:

List any new sites you will be adding in the upcoming cycle. Include a brief description of the facility and the number of participants the classroom will accommodate in classroom style: (copy page if additional space is needed)

Site Name: Capacity:  
Site Address:

Description:



Attendees at each program must complete a program assessment and evaluation form.  
[ O.A.C. 4765-7-09 (B) (5) ]

Were students provided the opportunity to complete a program evaluation at the end of each program offered?

**\*\*Attach a copy of the program assessment/evaluation form that was provided to each attendee at the end of each program.\*\***

**\*\*Attach a summary of the evaluations submitted by participants for your most recent CE program provided. If no programs were provided during this approval cycle, provide an explanation for the lack of courses provided and your plans for offering programs in the future.\*\***

The applicant must issue a certificate of completion to each participant who completes the program. [ O.A.C. 4765-7-09 (B) (6) ]

Are students issued a certificate of completion following each program offering?

**\*\*Attach a copy of the certificate issued to each participant. [The certificate should include the training program name (and approval number once issued), title/topic of course, number of hours of CE awarded for course, date of course, name of participant, program coordinator's signature line ]**

The applicant must maintain records for each program that documents the following:  
1) date, time, location, and topic; 2) name and credentials of each instructor; 3) list of participants; 4) summary of the evaluations forms. [ O.A.C. 4765-7-09 (C) ]

Are records maintained as required in O.A.C. 4765-7-09 (C)?

Where are program files maintained?

Who has access to these files?

**Authorizing Official Signature Required:**

I attest that the information included in this application is true and accurate to the best of my knowledge. As the Authorizing Official, I recognize that I am responsible for ensuring that all laws and rules pertaining to a Certificate of Approval (including any duties delegated to the Program Coordinator or Medical Director) are followed. I agree to provide a copy of this application to the Program Coordinator and Medical Director listed on page 1, as well as any new Program Coordinator and/or Medical Director who may be assigned during the approval cycle.

-----  
Signature of Authorizing Official

-----  
Date

**Read and Received:**

Program Coordinator:

-----  
Signature

-----  
Print Name

-----  
Date

Program Medical Director:

-----  
Signature

-----  
Print Name

-----  
Date