



Ohio Department of Public Safety
Division of Emergency Medical Services

User Guide
for
EMS & Fire Certification Renewal System
(Available April 2026)



Division of EMS Online Renewal System

This user guide has been developed to assist EMS and Firefighter certificate holders in navigating the online renewal system, which is required to renew all certifications.

Some things to keep in mind:

- The new renewal system performs best when **Internet Explorer version 9 or higher** is used. (To download Internet Explorer from Microsoft, you may use this link: <https://www.microsoft.com/en-us/download/internet-explorer.aspx>.)
- The system may be used on a computer or a cell phone.
- All certificate holders must have an email address listed in his/her record in the Division of EMS database. Certificate holders may not share the same email address.
- Certificates will be available to renew beginning 90 days prior to the expiration date. **Do not wait until the last day to submit your renewal application.**
- The first time a user enters the renewal system, it will be necessary to register an account and establish identity.
- After an account has been registered, users will be able to log on simply using their email address and password.
- When filling out the renewal application, users will see buttons at the bottom of each screen titled “Previous” and “Next”. Selecting “Next” and going to the next screen will automatically “save” the information just entered on that screen. Selecting “Previous” allows the user to go back to the previous screen and review or make changes.
- If a user is unable to complete a renewal application (perhaps an emergency call is received), the information already entered will remain saved for 24 hours for the user to complete. However, if it is the same day as the expiration date of the certification, the partially completed application will only be saved until midnight of that date, and the certificate will not be eligible for renewal after midnight.
- A renewal application is not complete until the user clicks on “Submit” at the end of the application. The user will receive an email confirming the application submission.

Questions may be directed to ems-firecertifications@dps.ohio.gov, or by calling 800-233-0785 during normal business hours.

This is the first screen of the online renewal system.
Click Continue.



EMS & Fire Providers

Welcome to the Division of Emergency Medical Services

Features

- Print your Ohio certification
- Renew your Ohio EMS, Fire, and/or Instructor certification
- Update your contact information
- Add/Update your agency affiliations
- View your Pro Board application, if applicable

Continue

Click on Register at the bottom of the box to start the process to set up your account (In the future, you will simply enter your email address and password as your account will already be set up).

ODPS Identity Manager

Single sign-on for the Ohio Department of Public Safety

🔒 Sign In

Sign in to continue to EMS and Fire Certifications

Email

Password

Log in

Having trouble logging in? [Get Help!](#)

Don't have an account yet? [Register!](#)



Ohio | Department of
Public Safety

Enter the requested information in each box and then click on Register.

ODPS Identity Manager
Single sign-on for the Ohio Department of Public Safety

Registration


To get started, we will need to confirm your Email Address. You will be emailed instructions to complete your registration.

Email Address

- Your Email Address must not be shared with other employees/individuals.
- You are personally responsible for all actions taken by this account.

Confirm Email Address

Please enter the text from the image below



Not receiving an email? [Click here](#)

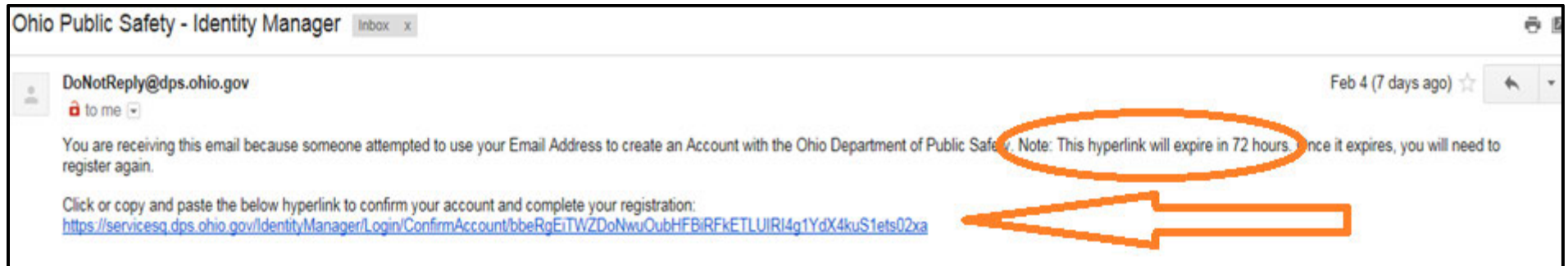
Ohio | Department of Public Safety

Open your email when you receive this message so that you may retrieve the link to continue. In most cases, the email will appear immediately, but sometimes it could take 10-15 minutes. Check the Junk Mail and/or Spam boxes if you do not see the email in your Inbox. If you do not receive an email, call our Help Desk (614-752-6487), which is staffed 24/7. Advise the Help Desk you need assistance with the EMS and Fire Renewal System, as the Help Desk assists users with several applications.

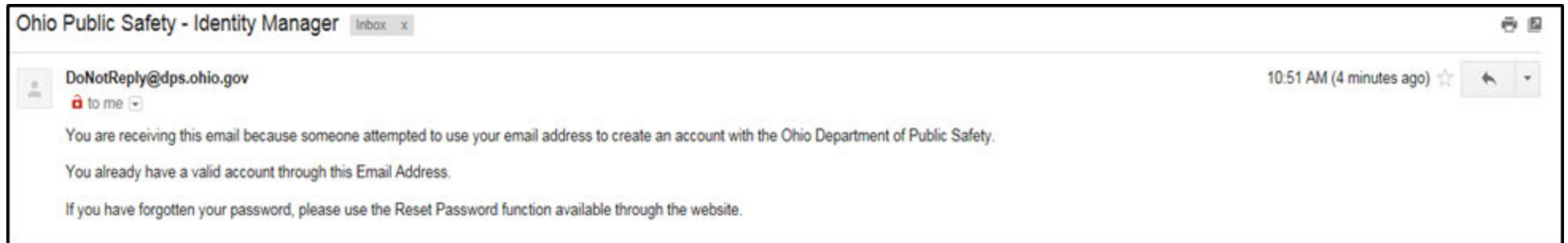


The screenshot shows the ODPS Identity Manager interface. At the top, the title "ODPS Identity Manager" is displayed in a large, dark blue font, with the subtitle "Single sign-on for the Ohio Department of Public Safety" below it. A dark blue banner with a white person icon and the text "Registration Successful" is prominently featured. Below this, a light pink warning box contains the text "You are accessing the Test system. For Production, click here." followed by a blue link. A green message box states "You have been sent an email with instructions to complete your registration." At the bottom of the message area is a dark blue button labeled "Return to Login". The footer of the page features the "Ohio" logo in red and the text "Department of Public Safety" in black.

Sample of email message you will receive the first time you set up your account. Follow the directions outlined in the email. Please note that this hyperlink expires in 72 hours and you may only open it once; therefore, please complete the registration process within 72 hours and as soon as you open the link. Otherwise, you will need to repeat the previous steps. Do not wait until the last day of your certification to renew.



Sample of email message you will receive if you try to set up an account that has already been established. Follow the directions in the email message. If you need further assistance, go back to Identity Manager and click on Get Help!



When you open the hyperlink, you will be asked to confirm your account by entering and confirming your password, and by answering two security questions. After you have answered the questions, click on Register again to complete the registration process. Please make note of your password and security questions for future use – you will need the password whenever you access this system, and the security questions will be required if you forget your password. If you have questions regarding setting up your Identity Manager account, click on Get Help!

ODPS Identity Manager

Single sign-on for the Ohio Department of Public Safety

 Sign In

Sign in to continue to EMS and Fire Certifications

Email

|

Password

Log in

Having trouble logging in? [Get Help!](#)
Don't have an account yet? [Register!](#)



ODPS Identity Manager

Single sign-on for the Ohio Department of Public Safety

Help

What are you having trouble with?

- I don't have an Account
- I forgot my Password
- My account is locked out
- I am not receiving an email
- I want to change my email address

Cancel

Next



Department of
Public Safety

ODPS Identity Manager

Single sign-on for the Ohio Department of Public Safety

Confirm Account

You are accessing the Test system. For Production, click [here](#).

Please complete the following form to register your account with the Ohio Department of Public Safety.

Email Address

- Your Email Address must not be shared with other employees/individuals.
- You are personally responsible for all actions taken by this account.

Password

Confirm Password

- Your password must be at least 8 characters.
- Your password must contain at least one number.
- Your password must contain at least one letter.
- Your password may contain only the following special characters: ! @ # \$ %

Please select three (3) different security questions and provide the respective answers. Should you need to reset your password, you will be asked one randomly selected question and you must provide the correct answer in order to verify your identity.

Question 1

Answer 1

Question 2

Answer 2

Question 3

Answer 3

Register

Cancel

In addition to renewing certifications, you will be able to conduct other business through this site, as denoted by the other buttons.

The screenshot shows the 'EMS & Fire Providers' section of a website. At the top left is the EMS logo with the text 'OHIO Emergency Medical Services'. The main header is 'EMS & Fire Providers'. A blue navigation bar contains links: 'Renew My Certification(s)', 'Contact Info', 'Agency Affiliations', 'Pro Board', 'Certifications', and 'EMS Extension Form'. Below this is a section titled 'Ohio EMS and Fire Certification'. Underneath is a 'Certifications' header. A light blue message box states: 'Each certification must be renewed separately. Please select one certification at a time by clicking the renew button.' Below the message is a table with two rows of certifications. The first row is for 'EMS Paramedic' with an expiration of '6/1/2026' and a 'Renew' button. The second row is for 'Fire Firefighter II' with an expiration of '6/1/2026' and a 'Renew' button. Both rows have a comment: 'Available to renew until 6/1/2026'. Below the table is a 'Renewal Applications Submitted' header, followed by a red message: 'No renewal applications submitted during current renewal cycle.' At the bottom, there are two bullet points explaining 'Pending' and 'Needs Approval' statuses, with links to the services.dps.ohio.gov website and the email firecertifications@dps.ohio.gov.

EMS & Fire Providers

Renew My Certification(s) Contact Info Agency Affiliations Pro Board Certifications EMS Extension Form

Ohio EMS and Fire Certification

Certifications

Each certification must be renewed separately
Please select one certification at a time by clicking the renew button

Type	Name	Expiration	Action	Comment
EMS	Paramedic	6/1/2026	Renew	Available to renew until 6/1/2026
Fire	Firefighter II	6/1/2026	Renew	Available to renew until 6/1/2026

Renewal Applications Submitted

No renewal applications submitted during current renewal cycle.

- Pending** means the certification will become active on the effective date (your birthday). A new certification card can be printed after it becomes effective on your birthday, by visiting <https://services.dps.ohio.gov/EMSProviders/>
- Needs Approval** means that the Division of EMS staff needs to review the application before it can be processed. For questions, please call the Division of EMS at 1-800-233-0785 or email firecertifications@dps.ohio.gov.

You are now ready to complete a renewal application for any certifications you have. If you have more than one certification, select one at a time by clicking on the Renew button shown with each certification. A separate application must be completed for each one.

Certifications

Each certification must be renewed separately

Please select one certification at a time by clicking the renew button

Type	Name	Expiration	Action	Comment
EMS	Paramedic	6/1/2026	Renew	Available to renew until 6/1/2026
Fire	Firefighter II	6/1/2026	Renew	Available to renew until 6/1/2026

After you select Renew, you will see a message advising you of some documentation you will need IF you have any criminal history or pending charges to report. If you have all required documentation and you are ready to proceed, click on Renew Now (If you need to gather the information, you should select Renew Later and log back in when you are ready).

BEFORE YOU BEGIN THIS APPLICATION



If you have criminal conviction(s) to declare, the following will need to be submitted and reviewed before your application is processed:

- The court where the conviction occurred
- The date of the conviction
- The level of the conviction (felony or misdemeanor)
- The law enforcement agency involved with the charge/conviction

If you have pending charge(s) to declare, the following will need to be submitted and reviewed before your application is processed:

- Description of charge(s)
- Date of arrest
- The law enforcement agency that issued the charge(s)
- Court (if known)

If your EMS and/or occupational license has been revoked, suspended, or placed under disciplinary sanctions in Ohio or any other state, the following will need to be submitted and reviewed before your application is processed:

- An explanation of the action
- The date(s) action was taken
- The state where the action took place

If your certificate has ever been denied from Ohio or any other state the following will need to be submitted and reviewed before your application is processed:

- An explanation of the action
- The date(s) action was taken
- The state where the action took place

Renew Later

Renew Now

Follow the instructions to verify this information. When finished, click Next to go to the next screen. If you must change your name, social security number or date of birth, your application will be submitted, but the Division of EMS staff will need to contact you to seek supporting documentation.

EMS & Fire Providers

Renew My Certification(s) | Contact Info | Agency Affiliations | Pro Board | Certifications | EMS Extension Form

Verify Contact Information

Please check the information below for inaccuracies

If everything is correct, enter your Social Security Number and click the "Next" button below to continue.

If any information is incorrect, please contact the Ohio Division of EMS

- 1-800-233-0785
- ems-firecertifications@dps.ohio.gov

Disclosure of Social Security number is mandatory pursuant to section 3123.50 of the Ohio Revised Code in furtherance of licensing provision and any other state or federal requirements.

Certification Number	[REDACTED]
Legal First Name	[REDACTED]
Legal Last Name	[REDACTED]
Legal Middle Initial	Enter Middle Initial, if applicable
Suffix	
SSN	111-11-2593
Confirm SSN	111-11-2593
Date of Birth	[REDACTED]
Primary Email	[REDACTED]

[Why can't I edit my email?](#)

[Next >](#)

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You may verify or update your contact information. Click Next when finished.




EMS & Fire Providers



- [Renew My Certification\(s\)](#)
- [Contact Info](#)
- [Agency Affiliations](#)
- [Pro Board](#)
- [Certifications](#)
- [EMS Extension Form](#)

Verify Contact Information

Renewal Application for Fire and Emergency Services Instructor II (Cert No: )

Home Address 1	<input type="text" value="1234 Test"/>
Home Address 2	<input type="text" value="Enter Address Line 2"/>
City	<input type="text" value="Columbus"/>
State	<input type="text" value="Ohio"/>
Zip Code	<input type="text" value="43223"/>
Zip4	<input type="text"/>
County of Residence	<input type="text" value="Franklin"/>
Home Phone Number	<input type="text" value="Enter Phone"/>
Cell Phone Number	<input type="text" value="(740) 222-2222"/>
Secondary Email	<input type="text" value="Enter Secondary Email"/>
Confirm Secondary Email	<input type="text" value="Confirm Secondary Email"/>
Tertiary Email	<input type="text" value="Enter Tertiary Email"/>
Confirm Tertiary Email	<input type="text" value="Confirm Tertiary Email"/>

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You must mark at least one response regarding the Armed Forces. If you or your spouse has never been in the Armed Forces, please mark None of Above. Click Next when finished.



EMS & Fire Providers

Renew My Certification(s) Contact Info Agency Affiliations Pro Board Certifications EMS Extension Form

Armed Forces Information

Renewal Application for Fire and Emergency Services Instructor II

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 services 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 3903.01)

I am a veteran of the armed forces, discharged / released under honorable conditions. Discharge / Release YYYY

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. Discharge / Release YYYY

I am a surviving spouse of a service member or veteran, discharged / released under honorable conditions. Discharge / Release YYYY

None of Above.

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If you answer Yes regarding having an affiliation, select Next an Add Affiliation button will appear so you can add your affiliation. If you answer No, simply click on next.



EMS & Fire Providers



[Renew My Certification\(s\)](#) [Contact Info](#) [Agency Affiliations](#) [Pro Board](#) [Certifications](#) [EMS Extension Form](#)

Agency Affiliation

Renewal Application for Fire and Emergency Services Instructor II (Cert No: 1 [redacted])

Yes No

Are you now actively functioning as a Fire and Emergency Services Instructor II **within Ohio**?

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Agency Affiliations

Renewal Application for Fire and Emergency Services Instructor II (Cert No: [Redacted])

No agency affiliations found.

+ Add Affiliation

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You may search for your agency affiliation by either its name or by county name. After entering one or the other, click on Search and a list will appear of possible agencies to select. If the system list does not have your agency listed, you may enter it manually by clicking on +Add Manually.



EMS & Fire Providers

[Redacted]

- Renew My Certification(s)
- Contact Info
- Agency Affiliations
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- EMS Extension Form

Add Affiliation

Renewal Application for Fire and Emergency Services Instructor II (Cert No: [Redacted])

County

--Select County--

Q Search

< Previous

+ Add Manually



Add Affiliation

Renewal Application for Fire and Emergency Services Instructor II (Cert No: [redacted])

County Ashland [Search]

Name	Address	City	Zip	Action
Ashland County Sheriff's Office	1205 E. Main St.	Ashland	44805	+ Add
Ashland Division of Fire	274 Cleveland Ave	Ashland	44805-2416	+ Add
Green-Perrysville Joint Fire District	181 E Third	Perrysville	44864	+ Add
Hayesville Vermillion Fire Dept	8 High St	Hayesville	44838-0242	+ Add
Jeromesville Fire Dept	PO Box 102	Jeromesville	44840	+ Add
Loudonville Fire Dept	200 N Market St	Loudonville	44842-1250	+ Add
Mifflin Community Vol Fire Dept	114 South Ohio St	Ashland	44805	+ Add
Orange Twp Vol Fire Dept	800 State Route 302	Ashland	44805	+ Add
Polk Jackson Perry Fire Dept	209 E. CONGRESS ST.	Polk	44866-0275	+ Add
Ruggles-Troy Twp Vol Fire Dept	254 State Route 511	Nova	44859	+ Add
Savannah Vol Fire Co	6 Haney St.	Savannah	44874-0162	+ Add
Sullivan Volunteer Fire Dept.	500 US Hwy 224	Sullivan	44880	+ Add

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+ Add Manually

Sample of agency list by county. To add your affiliation, click on +Add beside your agency. If your agency is not on the list, click on +Add Manually.



EMS & Fire Providers



- Renew My Certification(s)
- Contact Info
- Agency Affiliations
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Add Affiliation

Renewal Application for Fire and Emergency Services Instructor II (Cert No: [REDACTED])

Agency Name	<input type="text" value="Agency Name"/>
Address 1	<input type="text" value="Enter Address"/>
Address 2	<input type="text"/>
City	<input type="text" value="Enter City"/>
Zip Code	<input type="text" value="Enter 5 digit Zip Code"/>
Zip4	<input type="text" value="Enter 4 digit Zip Code"/>
State	<input type="text" value="Ohio"/>
County	<input type="text" value="Adams"/>
Primary	<input type="radio"/> Yes <input checked="" type="radio"/> No
Employee Type	<input type="radio"/> Full-Time <input type="radio"/> Part-Time <input type="radio"/> Volunteer

[Back to List](#) [Add](#)

To manually enter an affiliation that is not on the agency list, fill in the required information and then select +Add at the bottom. Only Ohio-based affiliations can be manually entered. Click on Add when you are finished.



EMS & Fire Providers

[Renew My Certification\(s\)](#) [Contact Info](#) [Agency Affiliations](#) [Pro Board](#) [Certifications](#) [EMS Extension Form](#)

Add Affiliation

Renewal Application for Fire and Emergency Services Instructor II (Cert No: [REDACTED])

Agency Name	<input type="text" value="ABC Fire Department"/>
Address 1	<input type="text" value="222 Main Street"/>
Address 2	<input type="text"/>
City	<input type="text" value="Fracture"/>
Zip Code	<input type="text" value="33333"/>
Zip4	<input type="text" value="Enter 4 digit Zip Code"/>
State	<input type="text" value="Ohio"/>
County	<input type="text" value="Adams"/>
Primary	<input type="radio"/> Yes <input checked="" type="radio"/> No
Employee Type	<input type="radio"/> Full-Time <input checked="" type="radio"/> Part-Time <input type="radio"/> Volunteer

[Back to List](#)

[Add](#)

This screen shows any affiliations you added for the certification you are renewing. You may add more than one affiliation for each certification, and you may add different affiliations for each certification you have, if necessary. Click on Next when finished.



EMS & Fire Providers

Renew My Certification(s) Contact Info Agency Affiliations Pro Board Certifications EMS Extension Form

Agency Affiliations

Renewal Application for Fire and Emergency Services Instructor II (Cert No. [REDACTED])

Agency Name	Address	City	State	Zip Code	County	Type	Primary	Action
ABC Fire Department	222 Main Street	Fracture	OH	33333	Adams	Part-Time	No	Edit Delete

[+ Add Affiliation](#)

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[Next >](#)

Sample renewal information screen for a Fire and Emergency Services Instructor II. Different certifications will have different questions. Read each question carefully. This is a legal document. Click Next when finished.



Renewal Information Renewal Application for Fire and Emergency Services Instructor II (Cert No: [REDACTED])

As the certificate holder, you are responsible for maintaining all supporting documentation. ✕

Yes No **Are you renewing at your present level?**

Yes No **Have you provided the required number of hours of instruction at either an Ohio fire department, an Ohio-charted fire training institution, or an EMS accredited or approved training program during your renewal cycle?**

Yes No **Have you completed the required number of hours of instructional continuing education during your renewal cycle?**

Yes No **Do you have any charges pending or have a conviction for a felony or a misdemeanor (other than a minor traffic violation)?**

Yes No **Have you had any fire or EMS certificate, in Ohio or another state or jurisdiction, denied, revoked, suspended, or placed under disciplinary sanction(s)?**

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Sample Renewal Information screen for an EMS provider. Different certifications will have different questions. Click Next when finished.



EMS & Fire Providers



- Renew My Certification(s)
- Contact Info
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- Certifications
- EMS Extension Form

Renewal Information

Renewal Application for Paramedic (Cert No: [redacted])

As the certificate holder, you are responsible for maintaining all supporting documentation. ✕

Yes No **Are you renewing at your present level?**

Yes No **I certify that I have completed all educational requirements for renewal of my certification as required by Ohio Administrative Code Chapter 4765-8.**

Yes No **Do you, as the person accepting responsibility for 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?**

Yes No **Has your Emergency Medical Responder and/or Emergency Medical Technician and/or Advanced Emergency Medical Technician and/or Paramedic certificate, in this or any other state, ever been suspended, revoked, or placed under disciplinary sanction(s)?**

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Attestation

Renewal Application for Firefighter II (Cert No: [Redacted])

- I attest that I am the certificate holder or person seeking to obtain certification, and 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, as determined by the Executive Director.
- I further attest that I satisfy all requirements for a certificate at the level sought in this application, as set forth in Section 4765.55 of the Ohio Revised Code and Chapter 4765-20 of the Ohio Administrative Code.
- I affirm that I am solely responsible for my certificate. I understand that I must maintain records relating to the requirements for continuing education and such records are subject to audit by the Division of Emergency Medical Services (EMS).
- I hereby give permission to the Ohio Department of Public Safety, Division of EMS, to verify any of the above information.

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[Submit Application](#)


Depending on how you answer the renewal information questions, you may receive a pop-up message asking about your answer. Respond to one of the options and then click on OK.

Please select the reason!

You have answered **No** to having completed all educational requirements for renewal of your certification as required by Ohio Administrative Code Chapter 4765-8 before the expiration of your present certification.

Please select one of the following:

- I answered **No** by mistake and would like to return to the application to change my answer.
- I would like to exit this renewal application and apply for an extension to complete my educational requirements by using the Request for Extension of EMS Certificate, form EMS 0084.
- I would like to exit this application and not submit it at this time. I understand that the certificate will remain available to renew until the certificate expiration date.
- My answer is correct. I would like to finish the renewal application for this certificate and understand that my application will be referred to the EMS Investigation Section.



If you answer Yes to previous convictions or pending charges, this screen will appear. Indicate which you are reporting and then select Next.



EMS & Fire Providers

[Redacted]

- Renew My Certification(s)
- Contact Info
- Agency Affiliations
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- EMS Extension Form

Declaration of Criminal History

Renewal Application for Paramedic (Cert No: [Redacted])

Please gather the following documents to assist in completing the Declaration of Criminal History section of this application:

- Certified judgment entry from the court where conviction occurred
- Certified copy of the police investigation report
- Current background check



I am reporting the following:

<input type="radio"/>	Convictions
<input type="radio"/>	Pending Charges
<input checked="" type="radio"/>	Convictions and Pending Charges

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Next >

Enter information as required and then select +Add to continue. If you are entering BOTH convictions and pending charges, these boxes will appear one after the other on separate screens.



EMS & Fire Providers

██████████

- Renew My Certification(s)
- Contact Info
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- EMS Extension Form

Declaration of Criminal History - Convictions

Renewal Application for Paramedic (Cert No: ██████████)

Description of Criminal Conviction

Fraud

Court Where Conviction Occurred

Franklin County

Conviction Date

09/30/2025

Conviction Level

Felony Misdemeanor

Arresting Police Agency

Pickerington


[← Back to List](#)

[+ Add](#)



- Renew My Certification(s)
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Convictions

Renewal Application for Fire and Emergency Services Instructor II (Cert No: )

Conviction	Court	Date	Level	Agency	Action
No Convictions Entered					

[+ Add Conviction](#)



- Renew My Certification(s)
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Convictions

Renewal Application for Fire and Emergency Services Instructor II (Cert No: [Redacted])

Conviction	Court	Date	Level	Agency	Action
Theft	Franklin County Municipal Court	1/1/2020	Misdemeanor	Columbus City Police	Delete

[+ Add Conviction](#)

Pending Charges

Renewal Application for Fire and Emergency Services Instructor II (Cert No: [Redacted])

Charge	Date of Arrest	Arresting Agency	Court	Action
Theft	2/2/2026	Columbus City Police	Franklin County Municipal Court	Delete

[+ Add Charge](#)

Previous Disclosure

If you have previously disclosed any of the above information to the Division of EMS, please list and explain any disciplinary actions taken:

Suspended or Revoked License

Provide an explanation for the suspension or revocation of your certificate to practice or certificate to teach, in this state or any other state, 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 or the Executive Director.
- 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.

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Declaration of Criminal History - Pending Charges

Renewal Application for Paramedic (Cert No: [REDACTED])

Description of Charge

B & E

Date of Arrest

01/01/2026

Arresting Agency

Enter arresting agency

Court (if known)

Franklin County

[← Back to List](#)

[+ Add](#)

Pay careful attention to additional documentation you will need to submit. Click Continue. You will also receive an email.

FAILURE TO PROVIDE THE REQUIRED DOCUMENTATION MAY RENDER YOUR APPLICATION INCOMPLETE



INCOMPLETE APPLICATIONS MAY NOT BE PROCESSED.

If you have been convicted of any felony or misdemeanor, other than a minor traffic offense, you shall immediately provide the Division of Emergency Medical Services (EMS) with the following:

- A civilian background check from the Bureau of Criminal Identifications & Investigations (BCI&I). Please provide code **109578** when completing the BCI Background Check.
- Certified copy of the police or law enforcement agency report, if applicable.
- Certified copy of the judgment entry from the court in which the conviction occurred.

SUBMIT DOCUMENTATION TO:

OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES
INVESTIGATIVE SERVICES
1970 West Broad Street
Columbus, OH 43218-2073

Phone: [\(800\) 233-0785](tel:8002330785)

Fax: (614) 466-9461

Email: emsinvestigations@dps.ohio.gov

Close

Continue

From: ems-firecertifications@dps.ohio.gov <ems-firecertifications@dps.ohio.gov>
Sent: Tuesday, March 24, 2026 2:53:23 PM (UTC-05:00) Eastern Time (US & Canada)
To: Van, Nghia
Subject: [Redirected from QA] Renewal Application Submitted

██████████

Your Paramedic certification renewal application has been submitted. Because you answered 'Yes' to past criminal history or pending charges, the application needs further approval by the EMS staff. Please contact EMS at 1-800-233-0785.

If you have been convicted of any felony or misdemeanor, other than a minor traffic offense, you shall immediately 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). Please provide code 109578 when completing the BCI Background Check.
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.

NOTE: FAILURE TO PROVIDE THE REQUIRED DOCUMENTATION MAY RENDER YOUR APPLICATION INCOMPLETE. INCOMPLETE APPLICATIONS MAY NOT BE PROCESSED. SUBMIT DOCUMENTATION TO:

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

Phone: (800) 233-0785
Fax: (614) 466-9461
Email: emsinvestigations@dps.ohio.gov

Thank you,
EMS Certifications

If you answer Yes to any certificate being suspended, revoked, or placed under disciplinary sanctions, you will need to provide an explanation. Attestations will vary depending in the certification. After reading the Attestation, you will need to check the box and then click Next.

Previous Disclosure

If you have previously disclosed any of the above information to the Division of EMS, please list and explain any disciplinary actions taken:

Suspended or Revoked License

Provide an explanation for the suspension or revocation of your certificate to practice or certificate to teach, in this state or any other state, 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 or the Executive Director.
- 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.

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Provide an explanation for the suspension or revocation.

Convictions

Renewal Application for Paramedic (Cert No: [redacted])

Conviction	Court	Date	Level	Agency	Action
Fraud	Franklin County	9/30/2025	Misdemeanor	Pickerington	Delete

+ Add Conviction

Pending Charges

Renewal Application for Paramedic (Cert No: [redacted])

Charge	Date of Arrest	Arresting Agency	Court	Action
B & E	1/1/2026	Columbus City	Franklin County	Delete

+ Add Charge

Previous Disclosure

If you have previously disclosed any of the above information to the Division of EMS, please list and explain any disciplinary actions taken:

[Empty text area for previous disclosure]

Suspended or Revoked License

Provide an explanation for the suspension or revocation of your certificate to practice or certificate to teach, in this state or any other state, and the date the action was taken:

In 2020, my certificate was suspended due to not completing the required continuing education.

Attestation

- I affirm that I have not been convicted of, plead 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 I am the certificate holder or person seeking to obtain certification, and 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 R.C. Section 2921.13 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 affirm that 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.

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This is a sample of the application attestation at the end of the application. Attestations will vary depending on the certification. After reading the attestation, you will need to check the box and then click ONCE on Submit Application when you are finished. The button will change to Submitting to indicate the application is being processed. Once submission is complete, you will see the screen on the next page.



EMS & Fire Providers

[Renew My Certification\(s\)](#)

[Contact Info](#)

[Agency Affiliations](#)

[Pro Board](#)

[Certifications](#)

[EMS Extension Form](#)

Attestation

Renewal Application for Paramedic (Cert No: [REDACTED])



- I attest that I am the certificate holder or person seeking to obtain certification, and 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 R.C. Section 2921.13 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 R.C. Section 4765.30 and O.A.C. Chapter 4765-8.
- I affirm that I am solely responsible for my certificate.
- I understand that I must maintain records relating to the requirements for continuing education, and that such records are subject to audit by the Division of Emergency Medical Services (EMS).
- I hereby give permission to the Ohio Department of Public Safety, Division of EMS, to verify any of the above information.

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[Submit Application](#)

After you submit your application, the system will return to this screen where you can select another certificate to renew, or you may view any applications already submitted. The status of the application will be Pending or Needs Approval. The status definitions are listed at the bottom of the screen.



EMS & Fire Providers

[Redacted]

- Renew My Certification(s)
- Contact Info
- Agency Affiliations
- Pro Board
- Certifications
- EMS Extension Form

Paramedic application successfully submitted.



Ohio EMS and Fire Certification

Certifications

Tracy Lockhart (Cert No: [Redacted])

You currently have no certificates available to renew
 Certificates are available to renew within 90 days prior to expiration

Renewal Applications Submitted

Certification Name	Date Submitted	Status	View Application
Firefighter II	3/24/2026	Pending	View Application
Paramedic	3/24/2026	Needs Approval	View Application

- **Pending** means the certification will become active on the effective date (your birthday). A new certification card can be printed after it becomes effective on your birthday, by visiting <https://services.dps.ohio.gov/EMSProviders/>
- **Needs Approval** means that the Division of EMS staff needs to review the application before it can be processed. For questions, please call the Division of EMS at 1-800-233-0785 or email ems-firecertifications@dps.ohio.gov.

Sample of application submitted. Your contact information will appear. You may print this application for your records if you wish. It only will be available to print until the renewed certificate becomes active on your birthday.

OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

EMS RENEWAL APPLICATION

Ohio Certification #: 193353
Level of Certification: Paramedic
Expiration Date: 6/1/2026

PERSONAL INFORMATION			
LEGAL LAST NAME ██████████	LEGAL FIRST NAME ██████████	LEGAL MI ██████████	SUFFIX ██████████
HOME ADDRESS 1 1234 Test		HOME ADDRESS 2	
CITY Columbus	STATE Ohio	ZIP CODE 43223	COUNTY OF RESIDENCE Franklin
HOME PHONE NUMBER		CELL PHONE NUMBER (740) 222 - 2222	
PRIMARY E-MAIL ADDRESS ██████████@██████████.com	SECONDARY E-MAIL ADDRESS	THIRD E-MAIL ADDRESS	
SOCIAL SECURITY NUMBER ON FILE	Disclosure of Social Security number is mandatory pursuant to section 3123.50 of the Ohio Revised Code in furtherance of licensing provisions and any other state or federal requirements.		DATE OF BIRTH ██████████

ARMED FORCES INFORMATION

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.

AFFILIATION INFORMATION None provided

RENEWAL INFORMATION

1. Are you renewing at your present level? YES NO

ADVANCED EMERGENCY MEDICAL TECHNICIAN
 EMERGENCY MEDICAL TECHNICIAN
 EMERGENCY MEDICAL RESPONDER

2. I certify that I have completed all educational requirements for renewal of my certification as required by Ohio Administrative Code Chapter 4765-8.
 YES NO Note: You, as the certificate holder, are responsible for maintaining all supporting documentation.

3. Do you, as the person accepting responsibility for 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?
 YES NO

4. Has your Emergency Medical Responder and/or Emergency Medical Technician and/or Advanced Emergency Medical Technician and/or Paramedic certificate, in this or any other state, ever been suspended, revoked, or placed under disciplinary sanction(s)?
 YES NO

APPLICATION ATTESTATION

I attest that I am the certificate holder or person seeking to obtain certification, and 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 R.C. Section 2921.13 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 (EMF/TS). I further attest that I satisfy all the requirements for a certificate at the level sought in this application as set forth in R.C. Section 4765.30 and O.A.C. Chapter 4765-8. I affirm that I am solely responsible for my certificate. I understand that I must maintain records relating to the requirements for continuing education, and that such records are subject to audit by the Division of Emergency Medical Services (EMS). I hereby give permission to the Ohio Department of Public Safety, Division of EMS, to verify any of the above information.

DATE: 3/24/2026

Sample of email message you will receive confirming which certification(s) you have renewed. The message will change if your application is in Needs Approval status.

From: ems-firecertifications@dps.ohio.gov
Sent: Friday, March 25, 2016 10:52:12 AM (UTC-05:00) Eastern Time (US & Canada)
To:
Subject: [Redirected from QA] Renewal Application Submitted

Your Fire Safety Inspector certification renewal application has been successfully submitted. A new certification card will be printed and sent to you after it becomes effective on your birthday. If you do not receive your certification card in the mail within two weeks of your birthday, please contact the Division of EMS: 1-800-233-0785.

Thank you,
EMS Certifications

From: ems-firecertifications@dps.ohio.gov <ems-firecertifications@dps.ohio.gov>
Sent: Tuesday, March 24, 2026 1:17:07 PM (UTC-05:00) Eastern Time (US & Canada)
To: Van, Nghia
Subject: Renewal Application Submitted

██████████

Your Firefighter II certification renewal application has been submitted but needs further approval by the EMS staff. Please contact the Division of EMS at 1-800-233-0785.

Thank you,
EMS Certifications
