



OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

FIRE AND EMERGENCY SERVICES
INSTRUCTOR INITIAL APPLICATION

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 apply for an initial Fire and Emergency Services Instructor (FESI) certificate to teach. For information on certification requirements, please visit our webpage at www.ems.ohio.gov.

Form with fields: LEGAL LAST NAME*, LEGAL FIRST NAME*, LEGAL MI, 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, SOCIAL SECURITY NUMBER*, DATE OF BIRTH*, LICENSE / CERTIFICATE NUMBER*

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.

You must answer the following questions for your application to be considered: *

- 1. Do you have any charges pending or have a conviction for a felony or a misdemeanor (other than minor traffic violation)? * Yes No
2. Have you had any EMS, Fire, or instructor certificate, in this or any other state, suspended, revoked, or placed under disciplinary sanctions? * Yes No

If you answered "Yes" to either of these questions, complete the Declaration of Criminal History portion on Page 4 of this application.

SELECT YOUR CURRENT CERTIFICATION(S)* (MARK ALL THAT APPLY)

Form with checkboxes for: Emergency Medical Responder, Advanced Emergency Medical Technician, Registered Nurse, Emergency Medical Technician, Paramedic, Physician Assistant, Volunteer Firefighter, Firefighter I, Firefighter II, Fire Safety Inspector

SELECT THE CERTIFICATION FOR WHICH YOU ARE APPLYING (CHECK ONLY ONE) *

Form with checkboxes for: FIRE AND EMERGENCY SERVICES INSTRUCTOR I, FIRE AND EMERGENCY SERVICES INSTRUCTOR II

CANDIDATES APPLYING FOR A CERTIFICATE TO TEACH AS A-FIRE AND EMERGENCY SERVICES INSTRUCTOR MUST MEET THE FOLLOWING QUALIFICATIONS:

- Possess a current and valid certificate to practice as an EMS provider; Firefighter, or hold a current and valid Ohio license to practice as an RN or PA in good standing;
- Have been certified / licensed as an EMS provider, Firefighter, RN, or PA for at least five (5) years out of the preceding seven (7) years;
- Complete all requirements of the Fire and Emergency Services Instructor training program as set forth in Ohio Administrative Code (O.A.C.) 4765-18-04 or O.A.C. 4765-21-03

Date completed _____ Course Level (I or II) _____

- Pass the fire and emergency services instructor examination within one hundred eighty (180) days of completing all course requirements of the Fire and Emergency Services Instructor training program.

Date completed _____ Level of exam (I or II) _____

- Submit this completed Fire and Emergency Services Instructor initial application within ninety (90) days after passing the instructional methods exam.

Date submitted _____

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 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 Emergency Medical, Fire, and Transportation Services (EMFTS). I further attest that I satisfy all requirements for a certificate at the level sought in this application as set forth in Section 4765.23 or 4765.55, of the R.C. and O.A.C. Chapter 4765-18 or O.A.C. 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, as directed by the Ohio State Board of EMFTS. I hereby give permission to the Ohio Department of Public Safety, Division of EMS to verify any of the above information.

APPLICANT'S SIGNATURE

DATE

X

ACCREDITED OR CHARTERED INSTITUTION ATTESTATION: *

I hereby attest that the above named applicant has completed the training course(s), in accordance with O.A.C. 4765-18 and O.A.C. 4765-24, for a certificate to teach at the level sought in this application and has been issued a certificate of completion.

PROGRAM DIRECTOR'S NAME* (PRINTED)

PROGRAM DIRECTOR'S SIGNATURE*

DATE*

X

ACCREDITED OR CHARTERED INSTITUTION*

INSTITUTION NUMBER*

Return To:

OHIO DEPARTMENT OF PUBLIC SAFETY
 DIVISION OF EMERGENCY MEDICAL SERVICES
 1970 West Broad St.
 Columbus, OH 43223

Any questions please contact us at:
 (800) 233-0785 OR FAX: (614) 466-9461
EMS-FireCertifications@dps.ohio.gov

DECLARATION OF CRIMINAL HISTORY

INSTRUCTIONS: All Information MUST be included. Print legibly and use black or blue ink. Complete the form in its entirety pursuant to R.C. 4765.

LEGAL LAST NAME*	LEGAL FIRST NAME*	LEGAL MIDDLE INITIAL	SUFFIX
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CRIMINAL HISTORY INFORMATION*

CRIMINAL CONVICTION	COURT WHERE CONVICTION OCCURRED	CONVICTION DATE	CONVICTION MISDEMEANOR / FELONY LEVEL	ARRESTING LAW ENFORCEMENT AGENCY

- I. If you have been convicted of any felony, or a misdemeanor other than a minor traffic offense, you shall provide the Division of Emergency Medical Services with all of 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; and**
 - 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 reported the conviction(s) and submitted to the Division of EMS the information included in item numbered (I) and disposition taken by the Ohio State Board of Emergency Medical, Fire, and Transportation Services and/or the Executive Director. *

- III. Provide an explanation for the suspension, revocation, or other disciplinary sanction(s) issued against your certificate(s) to include the name of the agency that took the disciplinary action 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 Emergency Medical, Fire, and Transportation Services (EMFTS). 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.

APPLICANT'S SIGNATURE *	DATE
X	