



OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

EMS PROVIDER – REINSTATEMENT APPLICATION

All Information **MUST** be included. Incomplete applications **WILL NOT** be processed.

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

The purpose of this form is to apply for reinstatement of an expired, voluntarily surrendered, or revoked Emergency Medical Responder, Emergency Medical Technician, Advanced Emergency Medical Technician or Paramedic certification. For information on reinstatement requirements, please visit our webpage at www.ems.ohio.gov.

LEGAL LAST NAME		LEGAL FIRST NAME		LEGAL MIDDLE INITIAL	
SOCIAL SECURITY #		Disclosure of social security number is mandatory pursuant to Ohio Revised Code (R.C.) 3123.50 in furtherance of licensing provision and any other state or federal requirements.			DATE OF BIRTH
HOME ADDRESS		P.O. BOX	CITY		STATE
HOME PHONE #	WORK PHONE #		COUNTY OF RESIDENCE	ZIP CODE	
E-MAIL ADDRESS			SECONDARY E-MAIL ADDRESS		
EXPIRED CERTIFICATION #			CERTIFICATION EXPIRATION DATE		
LEVEL OF CERTIFICATION PREVIOUSLY HELD					
☐ EMR ☐ EMT ☐ AEMT ☐ PARAMEDIC					
LEVEL OF REINSTATEMENT					
☐ EMR ☐ EMT ☐ AEMT ☐ PARAMEDIC					
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.					

- 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? If yes, you must complete the Criminal History Information section of this form.

☐ YES
☐ NO
- Has your EMS certificate, at any level, been suspended, revoked, or placed under disciplinary sanctions?

☐ YES
☐ NO
- If applicable, have you successfully completed a reinstatement examination? (National Registry Assessment Exam)

☐ YES
☐ NO
☐ NOT APPLICABLE
- If applicable, have you successfully completed a refresher course for the level of EMS you are applying?

☐ YES
☐ NO
☐ NOT APPLICABLE

If you answered "YES" to either question 1 or 2, then please complete the "Criminal History Information" portion of this application and submit supporting documentation.

EMS APPLICANTS

All applicants are solely responsible for their certificate to practice and all associated requirements to maintain a current certification.

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 the requirements for a certificate at the level sought in this application as set forth in Section 4765.30 of the R.C. and Chapter 4765-8 of the Ohio Administrative Code (O.A.C.). I am solely responsible for my certificate. I understand that I must maintain records relating to the requirements for continuing education. Such records are subject to audit by the Division of Emergency Medical Services (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 SIGNATURE

DATE

X

OFFICE USE ONLY

OPTION 1	OPTION 2
EXAMINATION DATE	☐ CE APPROVED
EXAMINATION RESULT	☐ CE DISAPPROVED
EXAMINATION ATTEMPT	☐ APPROVED BY

CRIMINAL HISTORY INFORMATION

CRIMINAL CONVICTION	COURT WHERE CONVICTION OCCURRED	CONVICTION DATE	LEVEL CONVICTION MISDEMEANOR / FELONY	ARRESTING LAW ENFORCEMENT 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 EMS with 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 submitted to the Division of EMS the information included in item numbered (I) and disposition taken by the Ohio State Board of EMFTS.*

- 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 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. 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 SIGNATURE

DATE

X

Return To:

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

or fax to: (614) 466-9461 or e-mail to: ems-firecertifications@dps.ohio.gov
For questions, please contact us at: (800) 233-0785