



OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

EMS RECIPROCITY PACKET

Dear EMS Reciprocity Candidate:

Thank you for your interest in providing emergency medical care in Ohio. Attached is the reciprocity packet you requested.

An applicant for an Ohio certificate to practice must have completed a National EMS Education Standards Curriculum course of instruction, which is substantially similar to the curriculum requirements of Ohio. If there are any areas of deficiency identified in the curriculum or certification standards, you will be required to correct these deficiencies through an Ohio **accredited EMS** training institution or any other non-Ohio training institution or service so long as the attestation verifies substantially similar training to the related Ohio training requirements, prior to receiving a certificate to practice. A complete listing of accredited facilities is available on our Web site at [Training Facility Information](#).

NOTE: *Any candidate with areas of deficiencies will be notified by the Division of EMS.*

Applicants who completed training in another state:

- Complete the reciprocity packet and attach a copy of your current state certification and/or valid National Registry certification at the level for which certification is sought. Your course curriculum must meet or exceed Ohio's substantially similar requirements including the in person cognitive and psychomotor examination along with your in person clinical and field experience. ***You must have held National Registry initial certification at the level being sought.**
- **Paramedic Applicants:** Any applicant seeking reciprocity after January 1, 2013 must have completed a CAAHEP accredited training program OR the program must have held a "letter of review" at that time.
- The Verification Form is to be forwarded by the candidate to the state certifying authority in which you hold certification. If you are applying for Ohio certification at the Advanced Emergency Technician (AEMT) level, in which case the verification form will be used to determine if additional course work is needed to meet Ohio AEMT curriculum requirements.
- Submit all documents (reciprocity packet, state card, National Registry certification, Certificates of completion, and \$75.00 check or money order payable to Ohio Treasurer of State) to the address listed on the bottom of this letter.

Applicants who are or were a member of the United States armed services and who received their EMS training from the military:

- Complete the reciprocity application and attach a copy of your current and valid National Registry certification at the level for which certification is sought. Proof of military membership (DD214 Form, current military ID badge, statement of service) or proof of armed services training is required at the time the application packet is submitted. If you are a Department of Defense (DoD) candidate, a valid letter from the Directorate of Personnel attesting that you have military affiliation must accompany the initial submission of the application.
- The Verification Form is to be forwarded by the candidate to the military authority at the site where training was conducted.
- Submit all documents (application packet, National Registry certification, proof of military status, completed Verification Form, and a DMA Form). The \$75.00 fee is waived for military / prior military applicants/spouses.

Please review the application packet carefully before submitting to ensure it is complete and all the required documentation is attached. All documentation must be submitted before your application will be processed. If the packet is still incomplete after 90 days you will be requested to withdraw your application. You may not function at any EMS provider level in Ohio until you have been issued an Ohio certificate to practice.

If you choose to apply for Reciprocity in Ohio there are some additional requirements that must accompany your application prior to processing:

- If you no longer hold a current and valid National Registry certification at the level for which certification is sought, Ohio requires that you provide proof of Continuing Education hours completed for the past three years. Continuing Education hours must meet or exceed Ohio minimum requirements for the provider level requested. This information may be found on the Division of EMS website ([EMS Provider CE Requirements](#))
- Proof of completion of the **Dementia Training for Ohio EMS** (WBT924), **Rescue Task Force Awareness** (WBT923), and **Ohio Trauma Triage** (WBT912) courses. More information about the courses can be found on the Division of EMS website: [OHID | Secure access to State of Ohio services](#). Certificates of completion for IS 100.c and IS 700.b. More information on these courses can be found at [NDEMU | Emergency Management. Institute](#)
- BCI and FBI background checks will be required if you have not resided in the state of Ohio continuously for the five years immediately preceding the date your complete application packet was submitted. If you are required to submit BCI and FBI background checks, you will be asked for a code, which is **109578**. The address your results need to be mailed to is: Division of EMS - Investigations, 1970 West Broad Street, Columbus, Ohio 43223.

Information about ordering BCI and FBI background checks is available on our website at [Background Check Process | Emergency Medical Services \(ohio.gov\)](#). You may **order** them by going to [Background Check](#).

- **Please note background check reports generally average approximately 30 days to receive.**
- **For more information about the background check process or fingerprinting, you must contact BCI.**

If you have any questions regarding the reciprocity application process, please contact the Ohio Division of EMS at the address and phone numbers listed below.

Submit the completed packet, \$75.00 check or money order payable to Ohio Treasurer of State, (fee waived for current military or veterans), and supporting documentation to:

Division of Emergency Medical Services
1970 West Broad Street
Columbus, Ohio 43223
Phone (800) 233-0785

EMAIL: EMS-FireCertifications@dps.ohio.gov

Packets may also be faxed to (614) 466-9461 or scanned and emailed to EMS-FireCertifications@dps.ohio.gov. However, checks or money orders must still be mailed or hand delivered.

PART A: EMS RECIPROCITY REQUEST CHECK SHEET

Please refer to the application packet documents for clarification of needed information.

Documentation Needed:

Before submitting reciprocity packet, did you:

- ☐ Complete the reciprocity packet in its entirety (both front and back)?
- ☐ Complete Part I of the Verification Form, then forward it to the state(s) where you currently hold certificates, or the military authority where the initial training was completed, if required?
- ☐ Attach a copy of your initial training course completion certificate for the level of certification sought?
- ☐ Attach a copy of your National Registry certification at the same level for which you are seeking Ohio certification? If not current, did you attach documentation of continuing education that meets or exceeds Ohio requirements?
- ☐ Attach a copy of your current state certification, if applicable?
- ☐ Attach copies of course completion certificates for Dementia Training for Ohio EMS (WBT924), Ohio Trauma Triage (WBT912), and Rescue Task Force Awareness (WBT923)?
- ☐ Attach copies of FEMA course completion certificates for IS-100.C, and IS-700.B.
- ☐ If applying for AEMT, did you attach documentation verifying training was completed for the necessary additional skills and interventions required for Ohio Advanced EMT certification?
- ☐ If military personnel, attach a copy of your military DD214 form or current Military ID Badge? (DD214 form is required if you do not hold a current state or National Registry certification)
- ☐ Include a check or money order in the amount of \$75.00 made payable to Ohio Treasurer of State? This fee is waived for current members of the military, veterans, and spouses.
- ☐ Complete FBI / BCI Background checks, if required?

Upon evaluation of all documentation, applicants may need to complete additional training to meet State of Ohio requirements. Applicant submissions and the Verification Form(s) will be the determining factor in the necessity for additional training. If additional training is required, the Division of EMS will notify you.

PART B: REQUEST FOR EMS RECIPROCITY

Please Print Use Ink

SECTION 1 – REQUIRED GENERAL INFORMATION

LEGAL LAST NAME	LEGAL FIRST NAME	LEGAL MIDDLE INITIAL	SUFFIX
HOME ADDRESS (STREET)			P.O. BOX
CITY	STATE	ZIP CODE	COUNTY OF RESIDENCE
CELL PHONE NUMBER	WORK PHONE NUMBER		
E-MAIL ADDRESS	SECONDARY E-MAIL ADDRESS		
SOCIAL SECURITY NUMBER	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

LEVEL FOR WHICH YOU ARE APPLYING

☐ Emergency Medical Responder (EMR)	☐ Emergency Medical Technician (EMT)	☐ Advanced EMT (AEMT)	☐ Paramedic
DO YOU HAVE A CURRENT OR EXPIRED OHIO EMS OR FIRE CERTIFICATION? ☐ Yes ☐ No		IF YES, OHIO CERTIFICATION 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 question for your application to be considered:

Have you resided in the state of Ohio continuously for the five years immediately preceding the date you will be submitting this application? ☐ Yes ☐ No

If you answered "No" to this question, contact the Ohio Bureau of Criminal Investigation

(<https://www.ohioattorneygeneral.gov/Business/Services-for-Business/WebCheck>) and follow the instructions to request a background check, including information from BCI and the FBI (Code # 109578), and submit the information to the Division of EMS, ATTENTION: Investigations & Discipline Section. [Background Check Process](#) | [Emergency Medical Services](#)

SECTION 2 – OUT OF STATE CERTIFICATION / LICENSURE INFORMATION (REQUIRED)

OUT OF STATE EMS CERTIFICATE NUMBER(S)	EXPIRATION DATE(S)	LEVEL
NATIONAL REGISTRY OF EMT CERTIFICATE NUMBER	EXPIRATION DATE	LEVEL
IF NREMT HAS EXPIRED, PROVIDE NUMBER OF EMS CONTINUING EDUCATION HOURS COMPLETED OVER LAST 36 MONTHS:		
STATE IN WHICH YOU RECEIVED YOUR INITIAL CERTIFICATION / LICENSURE		DATE
STATE IN WHICH YOU RECEIVED YOUR CURRENT LEVEL INITIAL TRAINING		DATE
NAME OF ACCREDITED TRAINING PROGRAM WHERE INITIAL TRAINING WAS COMPLETED		SELECT ONE ☐ Online ☐ In Person ☐ Hybrid
Clinical and field time completed? ☐ Yes ☐ No		
Were the cognitive and psychomotor examinations completed in a classroom setting? ☐ Yes ☐ No		

MILITARY OR DEPARTMENT OF DEFENSE (DoD) PERSONNEL ONLY

MILITARY BRANCH OR DoD AFFILIATION	EMS TRAINING OBTAINED AT	CONTACT PERSONNEL / DIVISION	PHONE NUMBER
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Copies of all required documentation must accompany application (i.e., DD214 form or military ID badge)

SECTION 3 – CERTIFICATION HISTORY

Have you ever:		
• Had disciplinary action taken against your EMS provider certification?	☐ Yes	☐ No
• Been suspended / revoked in any state?	☐ Yes	☐ No
• Been denied certification in any state?	☐ Yes	☐ No

SECTION 4 – FELONY / MISDEMEANOR INFORMATION (All applicants are required to complete this section)

ALL APPLICANTS ARE SOLELY RESPONSIBLE FOR THEIR CERTIFICATE TO PRACTICE AND ALL ASSOCIATED REQUIREMENTS TO MAINTAIN A CURRENT CERTIFICATION.

1.	Do you, as the person accepting responsibility by signing this form, have charges pending or have a conviction for a felony or misdemeanor other than a minor traffic violation or a judicial finding of eligibility for treatment in lieu of conviction? ☐ Yes ☐ No
2.	Have you committed any act in another state that, if committed in Ohio would be applicable to caption (1.) listed above? ☐ Yes ☐ No

If you answered "yes" to either question above, then you must submit a certified copy of the police or law enforcement agency report and a certified copy of the judgement entry from the court in which the conviction occurred to explain the circumstances in your case.

SECTION 5 – ATTESTED SIGNATURE AND DATE

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 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.

SIGNATURE X	DATE
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PART C: VERIFICATION OF EMS PROVIDER STATUS

Applicants with out-of-state and/or military certification(s) are to complete Part I and mail this form to the issuing state and/or military certification authority. Part II is to be completed by the state and/or military certifying authority. **This form must be forwarded to the state(s) and/or military authority where initial certification was obtained.** Applicants applying for **AEMT** certification who do not hold a current and valid state certification or licensure must forward this form to the state authority where the initial training was completed.

SECTION 1 - TO BE COMPLETED BY APPLICANT

PLEASE INDICATE THE LEVEL OF CERTIFICATION FOR WHICH YOU ARE REQUESTING VERIFICATION

☐ Emergency Medical Responder (EMR) ☐ Emergency Medical Technician (EMT) ☐ Advanced EMT (AEMT) ☐ Paramedic

APPLICANT'S FULL NAME – FIRST	MIDDLE INITIAL	LAST	DATE OF BIRTH
CERTIFICATION / LICENSE NUMBER	STATE	EXPIRATION DATE	SOCIAL SECURITY NUMBER
NAME OF INITIAL TRAINING PROGRAM			
PROGRAM DIRECTOR NAME	TELEPHONE NUMBER	E-MAIL ADDRESS	
How was initial training completed? ☐ In Person (traditional classroom) ☐ Hybrid ☐ Online			
Did you complete your clinical-field time? ☐ Yes ☐ No			
Did you complete your Cognitive and Psychomotor examination in person? ☐ Yes ☐ No			

SECTION 2 - TO BE COMPLETED BY THE STATE OR MILITARY CERTIFYING AUTHORITY

CERTIFICATION / LICENSE TYPE	NUMBER	ISSUE DATE	EXPIRATION DATE
EMR			
EMT			
AEMT			
Paramedic			

CERTIFICATION / LICENSE STATUS

☐ Current ☐ Lapsed ☐ Inactive
THE ABOVE CERTIFICATION / LICENSE WAS ISSUED BASED UPON: ☐ Initial training completed within your state/military org. ☐ Recertification through continuing education ☐ Reciprocity from (state / military): _____ ☐ Other (please explain): _____
Did the initial training meet national EMS education guidelines? ☐ Yes ☐ No
Has the applicant incurred any disciplinary proceeding in your state, or are there disciplinary proceedings pending? ☐ Yes (if yes, please attach certified copies of any actions) ☐ No
Has the applicant's certification / license ever been limited, denied, surrendered, reprimanded, suspended or revoked? ☐ Yes (if yes, please attach certified copies of any actions) ☐ No
To the best of your knowledge, has the applicant ever been convicted of a felony or misdemeanor, excluding minor misdemeanor traffic violations? ☐ Yes (if yes, please explain) _____ ☐ No ☐ Unknown

Do you know of any reason why certification in Ohio should be denied? ☐ Yes ☐ No

(if yes, please explain) _____

If applying for AEMT, did the applicant's training include the following (check the appropriate box(es)):

- | | | |
|---|--|--|
| ☐ Manual defibrillation | ☐ Laryngoscopy for removal of airway obstruction | ☐ Medication administration, to include |
| ☐ 3-Lead ECG acquisition & interpretation | ☐ Tracheostomy tube replacement | ☐ Sublingual nitroglycerin |
| ☐ 12-Lead ECG application assisting a Paramedic who is present | ☐ Dual Lumen and Extraglottic Airways | ☐ Epinephrine 1mg/ml SQ or IM |
| ☐ 12-Lead ECG set up and application for electronic transmission | ☐ CPAP administration & management | ☐ Diphenhydramine |
| ☐ Wound packing | ☐ End tidal carbon dioxide monitoring and detection | ☐ Benzodiazepines |
| ☐ Withdrawing blood for evidence collection | ☐ Intraosseous Infusion | ☐ Bronchodilators |
| ☐ Needle decompression of the chest | | ☐ Dextrose in water |
| | | ☐ Naloxone |
| | | ☐ Glucagon |
| | | ☐ Nitrous oxide |
| | | ☐ Nalbuphine |
| | | ☐ Ketamine |
| | | ☐ Narcotics or other analgesics for pain relief |
| | | ☐ Lidocaine for pain relief after intraosseous infusion |
| | | ☐ Oral ondansetron for patients age 4 or older |
| | | ☐ Tranexamic acid |

NAME (PRINT) OF STATE / MILITARY / DoD OFFICIAL COMPLETING THIS FORM

TITLE OF OFFICIAL

TELEPHONE NUMBER / EMAIL OF ABOVE OFFICIAL

SIGNATURE OF ABOVE OFFICIAL

DATE

X

PLEASE RETURN TO:

Division of Emergency Medical Services
1970 West Broad Street
Columbus, Ohio 43223

Phone (800) 233-0785 Fax (614) 466-9461

EMAIL: EMS-FireCertifications@dps.ohio.gov