



FIREFIGHTER RECIPROCITY PACKET

Dear Firefighter Reciprocity Candidate:

Thank you for your interest in becoming a firefighter in Ohio. Attached is the reciprocity packet you requested.

An applicant for an Ohio firefighter certificate must have completed a National Fire Protection Association (NFPA) 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 **chartered fire** 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 chartered 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. In the event that you require additional training, the division shall provide you with the appropriate information that you will need to provide to the training facility personnel.*

Applicants who completed training in another state:

- Complete the reciprocity packet and attach a copy of your current and valid state, Pro Board, or International Fire Service Accreditation Congress (IFSAC) certificates at the level for which certification is sought.
- The Verification Form is to be forwarded by the candidate to the state certifying authority of the state where initial training was received and the state(s) in which you currently hold certification. The verification form will be used to determine if additional course work is needed to meet Ohio firefighter curriculum requirements.
- Mail all documents (packet, state card, Pro Board or IFSAC certification, course completion certificates, and/or state reports) 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 firefighter training while in the military:

- Complete the reciprocity packet and attach a copy of your current and valid Pro Board or IFSAC certification at the level for which certification is sought. Proof of military membership (DD Form 214, current military ID badge, statement of service) or proof of armed services training is required at the time the reciprocity 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 initial training was conducted. The verification form will be used to determine if additional course work is needed to meet Ohio firefighter curriculum requirements.
- Mail all documents (packet, Pro Board or IFSAC certification, proof of military status, completed Verification Form, and a DMA Form) to the address listed on the bottom of this letter.

Joel Demory, Interim Executive Director
1970 W. Broad Street
P.O. Box 182073
Columbus, Ohio 43218-2073 U.S.A.

The State of Ohio is an Equal Opportunity Employer and Provider of ADA Services.

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 can 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 firefighter 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 and they are as follows:

- If you no longer hold a current and valid state, Pro Board, or IFSAC 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 ([Firefighter CE Requirements](#))
- Proof of completion of an emergency vehicle operations course (EVOC) consisting of a minimum of 16 hours. Course requirements are available at [Emergency Vehicle Operations Course Packet](#) (Not required for Volunteer Firefighter certification.)
- Proof of completion of at least **4 hours** of "Courage to be Safe: Sixteen Life Safety Initiatives Course." For information, visit [Fire Hero Learning Network](#) or [Everyone Goes Home](#). (Not required for Volunteer Firefighter certification.)
- Proof of completion of a Hazardous Materials Awareness and Operations training course consisting of a minimum of 24 hours. (Not required for Volunteer Firefighter certification.)
- 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 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 on the bottom of page one of this letter.



OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

FIREFIGHTER RECIPROCITY APPLICATION CHECK LIST

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

Documentation Needed:

Before submitting application packet, did you:

- ☐ Complete the 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 current state(s) certification(s), if applicable?
- ☐ Attach documentation of firefighter-related continuing education for the last 36 months that meets or exceeds Ohio requirements, if initial training occurred more than three years ago?
- ☐ Attach copy of course completion certificate for emergency vehicle operations (EVO), if applicable?
- ☐ Attach copy of course completion certificate(s) for 4 hours of "Courage to be Safe: Sixteen Life Safety Initiatives?"
- ☐ Attach copy of course completion certificates for Hazardous Materials Awareness and Operations training?
- ☐ Attach a copy of NIMS 100, 200, & 700 course completion certificates, if required for certification level sought?
- ☐ If military personnel, attach a copy of your DD214 or current Military ID Badge? (DD214 required if you do not hold a current state certification)

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 provide you with the appropriate documentation requirements that will be necessary for completion.

B. REQUEST FOR RECIPROCITY

Incomplete packets 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 request that an individual's firefighter credentials from another state, the District of Columbia, a United States territory, Department of Defense, or from any branch of the United States military be recognized as meeting the requirements to receive an Ohio firefighter certificate. For information on certification requirements, please visit our webpage at www.ems.ohio.gov.

GENERAL INFORMATION

LEGAL LAST NAME*	LEGAL FIRST NAME*	LEGAL MI	SUFFIX
HOME ADDRESS (STREET)*		P.O. BOX	
CITY*	STATE/TERRITORY*	ZIP CODE	COUNTY OF RESIDENCE*
HOME PHONE NUMBER	WORK PHONE NUMBER	CELL PHONE NUMBER*	
E-MAIL ADDRESS*		SECONDARY E-MAIL ADDRESS	
SOCIAL SECURITY NUMBER*	Disclosure of social security # 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*	

CERTIFICATION YOU ARE APPLYING FOR (select only one)*

☐ VOLUNTEER FIREFIGHTER	☐ FIREFIGHTER I	☐ FIREFIGHTER II
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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.

CERTIFICATION AND TRAINING INFORMATION*

List all states/territories in which you currently hold certification. List state/territory from which you received initial training. (If more space is needed, attach additional page(s) to this packet.)

OUT-OF-STATE CERTIFICATION NUMBER*	STATE / TERRITORY*	CERTIFICATION LEVEL*	EXPIRATION DATE*
OUT-OF-STATE CERTIFICATION NUMBER* (if applicable)	STATE / TERRITORY*	CERTIFICATION LEVEL*	EXPIRATION DATE*

STATE / TERRITORY IN WHICH YOU RECEIVED YOUR INITIAL TRAINING*	DATE RECEIVED*	EXPIRATION DATE*
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BRANCH OF THE UNITED STATES MILITARY FROM WHICH YOU RECEIVED INITIAL TRAINING OR HELD CERTIFICATION, IF APPLICABLE*

MILITARY BRANCH*	CERTIFICATION LEVEL*	DATE INITIAL TRAINING COMPLETED*
CONTACT PERSON / DIVISION*	EMAIL*	PHONE*

CANDIDATE 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 form 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 Executive Director. I further attest that I satisfy all requirements for eligibility for a certificate at the level sought, in accordance with Section 4765.55 of the R.C. and O.A.C. Chapter 4765-20. 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 EMS. I hereby give permission to the Ohio Department of Public Safety, Division of EMS to verify any of the above information.

CANDIDATE SIGNATURE X	DATE
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Return To:

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

Forms may also be emailed to EMS-FireCertifications@dps.ohio.gov as a PDF or Word document attachment
or sent via fax to (614) 466-9461

For questions, please contact us at: (800) 233-0785 or EMS-FireCertifications@dps.ohio.gov

**DO NOT SUBMIT FORMS WITHOUT ALL REQUIRED DOCUMENTATION.
ALL REQUESTED INFORMATION SHALL BE SUBMITTED AS A PACKET.**

C. VERIFICATION OF FIREFIGHTER STATUS FOR RECIPROCITY

Incomplete packets **WILL NOT** be processed.

Required fields, as indicated by an asterisk (*), must be completed.

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

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, as well as any other state in which the candidate currently holds firefighter certification.**

PART I – TO BE COMPLETED BY CANDIDATE*

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

☐ FIREFIGHTER I ☐ FIREFIGHTER II ☐ OTHER: _____

LEGAL LAST NAME*	LEGAL FIRST NAME*	LEGAL MIDDLE INITIAL	SUFFIX
SOCIAL SECURITY NUMBER*		DATE OF BIRTH*	
CERTIFICATION / LICENSE NUMBER*		EXPIRATION DATE*	

Disclosure of social security number is mandatory pursuant to R.C. 3123.50 in furtherance of licensing provision and any other state or federal requirements.

PART II – TO BE COMPLETED BY THE STATE OR MILITARY CERTIFYING AUTHORITY

CERTIFICATION LEVEL	NUMBER	ISSUE DATE	EXPIRATION DATE
FIREFIGHTER I			
FIREFIGHTER II			
OTHER: _____			

CERTIFICATION / LICENSE STATUS*

☐ CURRENT ☐ LAPSED ☐ INACTIVE ☐ SUSPENDED ☐ REVOKED

THE ABOVE CERTIFICATION / LICENSE WAS ISSUED BASED UPON*

☐ Initial training completed within your state / military organization ☐ Recertification through continuing education

☐ Reciprocity from (state / military): _____

☐ Other (please explain) _____

☐ Yes ☐ No Did the training meet the NFPA 1001 or NFPA 1010 standard for firefighter professional qualifications?*

☐ NFPA Level and Edition _____

Has the candidate incurred any disciplinary proceedings in your state, territory, or jurisdiction; or are there disciplinary proceedings pending?*

☐ Yes *(If yes, please attach certified copies of any actions)*

☐ No

Has the candidate's certification / license ever been limited, denied, surrendered, reprimanded, suspended, or revoked?*

☐ Yes *(If yes, please attach certified copies of any actions)*

☐ No

To your knowledge, has the candidate 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 *(If yes, please explain.)* _____

☐ No

PART II (continued)

Did the candidate's initial fire training include the following?

(Indicate total number of hours completed.)

HAZARDOUS MATERIALS (NFPA 1072 or NFPA 470)

- | | | |
|--|-----------------|-------|
| • Awareness Level | Hours Completed | _____ |
| • Operations Level | Hours Completed | _____ |
| Total Hazardous Materials Hours Completed | | _____ |

Courage to Be Safe: 16 Life Safety Initiatives
(National Fallen Firefighters Foundation)

Total Courage to Be Safe Hours Completed _____

Emergency Vehicle Operations (EVO) Course (NFPA 1002 or 1010)

Classroom Hours	_____
Practical Hours	_____
Total EVOC Hours Completed	_____

COMMENTS / ADDITIONAL INFORMATION

PRINTED NAME OF STATE / MILITARY / DoD OFFICIAL COMPLETING THIS FORM*

TITLE OF OFFICIAL*

STATE / TERRITORY / SERVICE BRANCH*

TELEPHONE NUMBER OF ABOVE OFFICIAL*

EMAIL OF ABOVE OFFICIAL*

SIGNATURE OF ABOVE OFFICIAL*

X

DATE*

PLEASE RETURN TO:

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

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

E-mail: EMS-FireCertifications@dps.ohio.gov