



OHIO DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF EMERGENCY MEDICAL SERVICES

**FIRE AND EMERGENCY SERVICES  
INSTRUCTOR RECIPROCITY PACKET**

**A candidate seeking Fire and Emergency Services instructor certification through reciprocity shall meet all of the following criteria:**

- Shall have successfully completed a structured course of instruction in another state, the District of Columbia, a United States territory, or any branch of the United States military that is substantially similar to the curriculum requirements in Chapters 4765-07 and 4765-18, or 4765-21 and 4765-24 of the Ohio Administrative Code (O.A.C.), accessible via the following link: <http://codes.ohio.gov/oac/4765>;
- Shall possess a current and valid certificate or license to teach as a Fire and Emergency Services Instructor from another state, the District of Columbia, a United States territory, or any branch of the United States military;
- Shall possess a current and valid Ohio certificate in good standing as a Fire and/or EMS Provider, or holds a current and valid Ohio license to practice as a registered nurse or a physician assistant, issued under O.A.C. 4765-18-05 or 4765-21-03;
- In the preceding seven years, has been certified or licensed for at least five years as a Fire and/or EMS provider, registered nurse, or a physician assistant. Experience as a Fire and/or EMS provider, registered nurse, or physician assistant in another state, the District of Columbia, a United States territory, or any branch of the United States military may be used to fulfill this requirement.

**NOTE: An active member of the armed forces or veteran may submit any documentation, evidence, statement or endorsement that may be available or produced for consideration to demonstrate substantially similar education and experience while serving in the armed forces to meet the certification requirements. Candidates should contact the Ohio Division of Emergency Medical Services (EMS) regarding “substantially similar.”**

**FIRE AND EMERGENCY SERVICES INSTRUCTOR RECIPROCITY PACKET INCLUDES**

- A. Fire and Emergency Services Instructor Reciprocity Process Instructions / Checklist (Part A, 1 page)
- B. Request for Fire and Emergency Services Instructor Reciprocity form (Part B, 2 pages)
- C. Verification of Fire and Emergency Services Instructor Status for Reciprocity form (Part C, 3 pages)

**NOTE:** The Fire and Emergency Services Instructor Reciprocity Packet is **not an application** for certification. It is a request to determine eligibility. You may be required to complete Ohio components for certification. Successful completion of required components may include examinations, continuing education (instructional methods) training, and verified teaching hours required for certification.

**FIRE AND EMERGENCY SERVICES INSTRUCTOR RECIPROCITY REQUEST PROCESS**

1. Please complete and sign all forms.
2. Use the checklist (next page) to make sure all documentation is included with your submission.
3. Return signed forms and all required documentation via U.S. Mail to:

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

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

*If an applicant fails to provide a complete reciprocity packet, including all required documentation, within ninety days from original receipt of the packet, the packet will be considered incomplete and it will be returned to the applicant.*

Please contact the Division of EMS at (800) 233-0785 with questions regarding the Fire and Emergency Services Instructor reciprocity process.

## A. FIRE AND EMERGENCY SERVICES INSTRUCTOR RECIPROCITY PROCESS INSTRUCTIONS / CHECKLIST

PLEASE USE THIS CHECKLIST TO MAKE SURE ALL DOCUMENTATION IS INCLUDED WITH YOUR SUBMISSION.

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

<input type="checkbox"/>	Complete and sign the Request for Fire and Emergency Services Instructor Reciprocity form.
<input type="checkbox"/>	Complete <b>Part I</b> of the Verification of Fire and Emergency Services Instructor Status for Reciprocity form, then: <ul style="list-style-type: none"><li>• Send a copy of the <i>Verification of Fire and Emergency Services Instructor Status for Reciprocity</i> form, with <b>Part I</b> completed and signed, to:<ul style="list-style-type: none"><li>○ Each state / territory in which you hold or have previously held a fire and emergency services instructor certification, AND / OR</li><li>○ The military branch credentialing office (where instructor training was conducted) in which you currently are, or previously were, on active duty</li></ul></li></ul>
<input type="checkbox"/>	<p><b>Part II</b> is to be completed by the out-of-state certification agency and / or military official, and then returned to the candidate in a <b>sealed envelope, with the signature of person completing the form, across the seal</b>. Once returned, the candidate must submit the <b>sealed envelope</b> to the Ohio Division of EMS, along with the other documents included with this packet and all requested documentation. In lieu of the sealed envelope, the Ohio Division of EMS will accept the form emailed directly from the agency or military to: <a href="mailto:EMS-FireCertifications@dps.ohio.gov">EMS-FireCertifications@dps.ohio.gov</a>.</p> <p><b>DO NOT RETURN THE PACKET WITHOUT A COMPLETED AND SIGNED PART II OF THE VERIFICATION OF FIRE AND EMERGENCY SERVICES INSTRUCTOR STATUS FORM, UNLESS SENT DIRECTLY TO THE DIVISION BY THE STATE OR MILITARY AUTHORITY.</b></p>
<input type="checkbox"/>	Submit a copy of your current instructor certification card (if applicable) or documentation from another state, the District of Columbia, United States territory, or any branch of the United States military.
<input type="checkbox"/>	Submit a copy of your certificate of completion of instructor training (showing dates of training) and / or copy of nationally recognized instructor program course certificates.
<input type="checkbox"/>	Submit a copy of your current Ohio license to practice as a Registered Nurse or Physician Assistant in good standing, if applicable.
<input type="checkbox"/>	Military candidates must attach a copy of their DD-214, if discharged.
<input type="checkbox"/>	Provide certificate of completion for NIMS ICS-200
<input type="checkbox"/>	If out-of-state Fire and Emergency Services Instructor certification is greater than 3 years, then provide documentation of: <ul style="list-style-type: none"><li>• 6 hours instructional methodology continuing education and 24 hours of instruction provided in fire or EMS topics. This documentation must be verified and signed by a Fire Chief or Program Director of a Fire Charter or equivalent</li><li>• Being actively engaged in the practice of fire and/or EMS instruction for at least 1 of the 5 years preceding the date of this application</li></ul>
<input type="checkbox"/>	Send all required forms and documentation to the Ohio Department of Public Safety, Division of EMS.

**IF ONE OR ANY COMBINATION OF THE FOLLOWING APPLY, CANDIDATES WILL BE REQUIRED TO PROVIDE ADDITIONAL INFORMATION AT THE TIME OF APPLICATION. PRIOR TO SUBMISSION OF THIS PACKET, PLEASE CONTACT THE DIVISION OF EMS INVESTIGATIVE SERVICES SECTION IF:**

- You have charges pending or have a conviction for a felony or a misdemeanor (other than minor traffic violation), AND/OR
- Your Fire and/or EMS provider certificate, license to practice as a Registered Nurse, or a Physician Assistant in this or any other state or territory, has ever been suspended, revoked, or is currently under disciplinary sanctions, AND/OR
- You have not resided in the state of Ohio continuously for the five years immediately preceding the date you will be submitting your application for reciprocity.

**After all forms and documentation have been reviewed and approved, you will be issued a letter either waiving the requirement to test or authorizing you to take the required certification examination. If required, this examination must be passed within three attempts and twelve months to be eligible to proceed with the reciprocity process. Failure to do so will require the applicant to complete a new course. After completing the requirements, the applicant must submit a completed "Fire and Emergency Services Instructor Reciprocity Application" within ninety days. Failure to submit within ninety days requires completion of a new course of instruction.**

**Please contact the Division of EMS at (800) 233-0785 with questions regarding the reciprocity process.**

## B. REQUEST FOR FIRE AND EMERGENCY SERVICES INSTRUCTOR 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 instructor credentials from another state, the District of Columbia, a United States territory, or from any branch of the United States military be recognized as meeting the requirements to receive an Ohio fire and emergency services instructor certificate. For information on certification requirements, please visit our webpage at [www.ems.ohio.gov](http://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 number is mandatory pursuant to R.C. 3123.50 in furtherance of licensing provision and any other state or federal requirements.		DATE OF BIRTH*
OHIO FIRE AND/OR EMS PROVIDER, REGISTERED NURSE, OR PHYSICIAN ASSISTANT CERTIFICATION/LICENSE NUMBER*		OHIO CERTIFICATION/LICENSE EXPIRATION DATE	

### 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.

## EDUCATION AND TRAINING INFORMATION

**LIST STATE / TERRITORY FROM WHICH YOU RECEIVED INITIAL INSTRUCTOR TRAINING. LIST ALL STATES / TERRITORIES IN WHICH YOU CURRENTLY HOLD OR HAVE PREVIOUSLY HELD CERTIFICATION.**

[If more space is needed, attach additional page(s) to this packet.]

OUT-OF-STATE CERTIFICATION NUMBER*	STATE / TERRITORY*	CERTIFICATION LEVEL*	EXPIRATION DATE*
STATE / TERRITORY IN WHICH YOU RECEIVED YOUR INITIAL TRAINING*		DATE COMPLETED*	
OTHER STATE / TERRITORY IN WHICH YOU CURRENTLY HOLD OR HAVE PREVIOUSLY HELD CERTIFICATION			EXPIRATION DATE
OTHER STATE / TERRITORY IN WHICH YOU CURRENTLY HOLD OR HAVE PREVIOUSLY HELD CERTIFICATION			EXPIRATION DATE

## BRANCH OF THE UNITED STATES MILITARY FROM WHICH YOU RECEIVED INITIAL TRAINING OR HELD CERTIFICATION

MILITARY BRANCH*	INSTRUCTOR TRAINING CERTIFICATION LEVEL*
CONTACT PERSON / DIVISION*	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 to sit for the written examinations for a certificate at the level sought, in accordance with Sections 4765.11 and/or 4765.55 of the R.C. and O.A.C. Chapters 4765-18 and/or 4765-21. 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 instructional renewal requirements. 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 <b>X</b>	DATE
---------------------------------	------

### Return To:

OHIO DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF EMERGENCY MEDICAL SERVICES  
1970 W. Broad St.  
Columbus, OH 43223  
or  
[EMS-FireCertifications@dps.ohio.gov](mailto: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 FIRE AND EMERGENCY SERVICES INSTRUCTOR 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.)

The Verification of Fire and Emergency Services Instructor Status for Reciprocity form must be completed to recognize instructor credentials from another State, the District of Columbia, a United States territory, or any branch of the United States military.

Section I is to be completed by the candidate. A copy of this form, with Section I completed by the candidate, must be mailed to each state / territory in which the candidate currently holds or has previously held certification, or to the military credentialing official in which the candidate currently is, or previously was, on active duty.

Section II is to be completed by the out-of-state certification agency or military official, and then returned to the candidate in a **sealed envelope with the signature of the state / military official across the seal**. Once returned, the candidate must submit the **sealed envelope** to the Ohio Division of EMS, along with the other documents included with this packet and all requested documentation. In lieu of the sealed envelope, the Ohio Division of EMS will accept this form emailed directly from the agency or military to [EMS-FireCertifications@dps.ohio.gov](mailto:EMS-FireCertifications@dps.ohio.gov).

### SECTION I - TO BE COMPLETED BY CANDIDATE

LEGAL LAST NAME*	LEGAL FIRST NAME*	LEGAL MIDDLE INITIAL	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 number is mandatory pursuant to R.C. 3123.50 in furtherance of licensing provision and any other state or federal requirements.		DATE OF BIRTH*
CERTIFICATION / LICENSE NUMBER*	STATE / TERRITORY*		EXPIRATION DATE*

*If training was completed at more than one site, forward a copy of this form to each site from which credit for training is sought.*

### SECTION II - TO BE COMPLETED BY THE STATE / TERRITORY CERTIFYING AGENCY OR MILITARY AND RETURNED TO CANDIDATE

CERTIFICATION / LICENSE NUMBER*	ISSUE DATE*	EXPIRATION DATE*
CERTIFICATION / LICENSE STATUS*		
<input type="checkbox"/> CURRENT <input type="checkbox"/> LAPSED <input type="checkbox"/> INACTIVE <input type="checkbox"/> REVOKED <input type="checkbox"/> OTHER (explain) _____		

#### THE ABOVE CERTIFICATION / LICENSE WAS ISSUED BASED UPON\*

- ☐ Initial instructor training completed within your State / Territory    ☐ Recertification through continuing education  
☐ Reciprocity from (State / Territory)    ☐ Other (please explain)

☐ Yes    ☐ No    Did the training meet or exceed the job performance requirements listed in NFPA 1041: Standard for Fire and Emergency Services Instructor Professional Qualifications for the level sought? \*

NFPA CHAPTER(S) AND EDITION

(If "No", please submit the course curriculum and description)

**SECTION II (continued)**

<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the candidate pass one or more written examinations that test knowledge and skill to provide instructor services? *
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the candidate pass a state / territory examination to obtain certification at the completion of the course? *
Certification Examination Date _____	
Was the training completed using a nationally recognized instructor program? *	
<input type="checkbox"/> Yes <i>[If yes, please attach a copy of certificate(s).]</i>	
<input type="checkbox"/> No	
Has the candidate incurred any disciplinary proceedings in your state / territory, or are there disciplinary proceedings pending? *	
<input type="checkbox"/> Yes <i>(If yes, please attach certified copies of any actions.)</i>	
<input type="checkbox"/> No	
Has the candidate's certification / license ever been limited, denied, surrendered, reprimanded, suspended, or revoked? *	
<input type="checkbox"/> Yes <i>(If yes, please attach certified copies of any actions.)</i>	
<input type="checkbox"/> No	
To your knowledge, has the candidate ever been convicted of a misdemeanor, other than a minor traffic offense, or felony? *	
<input type="checkbox"/> Yes <i>(If yes, please explain.)</i> _____	
<input type="checkbox"/> No	
Do you know of any reason why certification in Ohio should be denied? *	
<input type="checkbox"/> Yes <i>(If yes, please explain.)</i> _____	
<input type="checkbox"/> No	
ADDITIONAL COMMENTS	
PRINT NAME OF STATE / TERRITORY / MILITARY OFFICIAL COMPLETING THIS FORM*	
TITLE OF STATE / TERRITORY / MILITARY OFFICIAL COMPLETING FORM*	
STATE / TERRITORY / SERVICE BRANCH*	
TELEPHONE NUMBER OF STATE / TERRITORY / MILITARY OFFICIAL COMPLETING FORM*	
SIGNATURE OF STATE / TERRITORY / MILITARY OFFICIAL COMPLETING THIS FORM* <b>X</b>	DATE*

**Return via U.S. Mail to:**

The candidate listed on the front of this form in a sealed envelope with the signature (of the person who completed the form) across the seal.

For questions, please contact the Ohio Division of EMS: (800) 233-0785

(The candidate is responsible for submitting this form in the signed, sealed envelope to the State of Ohio along with other documentation.)

OR

The State/Territory/Military Official completing this form may email it directly to  
[EMS-FireCertifications@dps.ohio.gov](mailto:EMS-FireCertifications@dps.ohio.gov)