



John R. Kasich, Governor  
John Born, Director

- Bureau of Motor Vehicles
- Emergency Management Agency
- **Emergency Medical Services**
- Office of Criminal Justice Services
- Ohio Homeland Security
- Ohio State Highway Patrol



**Melvin R. House**  
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To: Authorized Officials and Program Directors  
Ohio Division of EMS Accredited Training Programs

From: Ohio Department of Public Safety  
Division of EMS

RE: New EMS Education software

In order to better assist you, the Division of EMS will be implementing the EMS Education Course Tracking software on Monday, December 19, 2016. We believe this user friendly software will allow you to better coordinate your student records and expedite the student's initial certification process. This first release is designed to allow you to create EMS courses, add students, record student performance and validate student eligibility for Ohio EMS certification.

Division of EMS has prepared this EMS Education User Guide to assist you in navigating the new software. The EMS Education User Guide is available on the EMS Website and will be updated as the software is refined. Should questions arise, do not hesitate to contact the Division of EMS for assistance.

The **CE (COURSE) TRACKING SYSTEM** will be decommissioned on Monday, December 19, 2016 at 7AM. Please make sure that you obtain all data for EMS or Fire **CE** courses that you may need. Data retrieval assistance can be found on the Division of EMS website at [http://www.ems.ohio.gov/links/ems\\_Chief-DirectorRetrieveCE.pdf](http://www.ems.ohio.gov/links/ems_Chief-DirectorRetrieveCE.pdf).



# **Ohio Department of Public Safety Division of Emergency Medical Services**

## **EMS Education User Guide**



***Created for use beginning December, 2016***

***2016 EMS Course Manual***

***Updated December, 2016***

## Roles and Responsibilities

### Authorizing Official:

The authorizing official is any person who owns or maintains responsibility on behalf of an individual, corporation, trust, partnership, or an association for the facilities, equipment, instructors, managers, and other employees of the chartered fire training program or EMS accredited training program. The authorizing official shall ensure the integrity and security of all written examinations including, but not limited to:

- Testing facility, examination room and access to the examination room;
- Examination administrator login, student rosters and examination passwords;
- Student's login and personal confidential information;
- Examination items, computerized examination and paper/pencil examinations.

### Program Director:

The authorizing official serves as program director or designates another person to serve as the system administrator. The program director assumes the responsibility for the following:

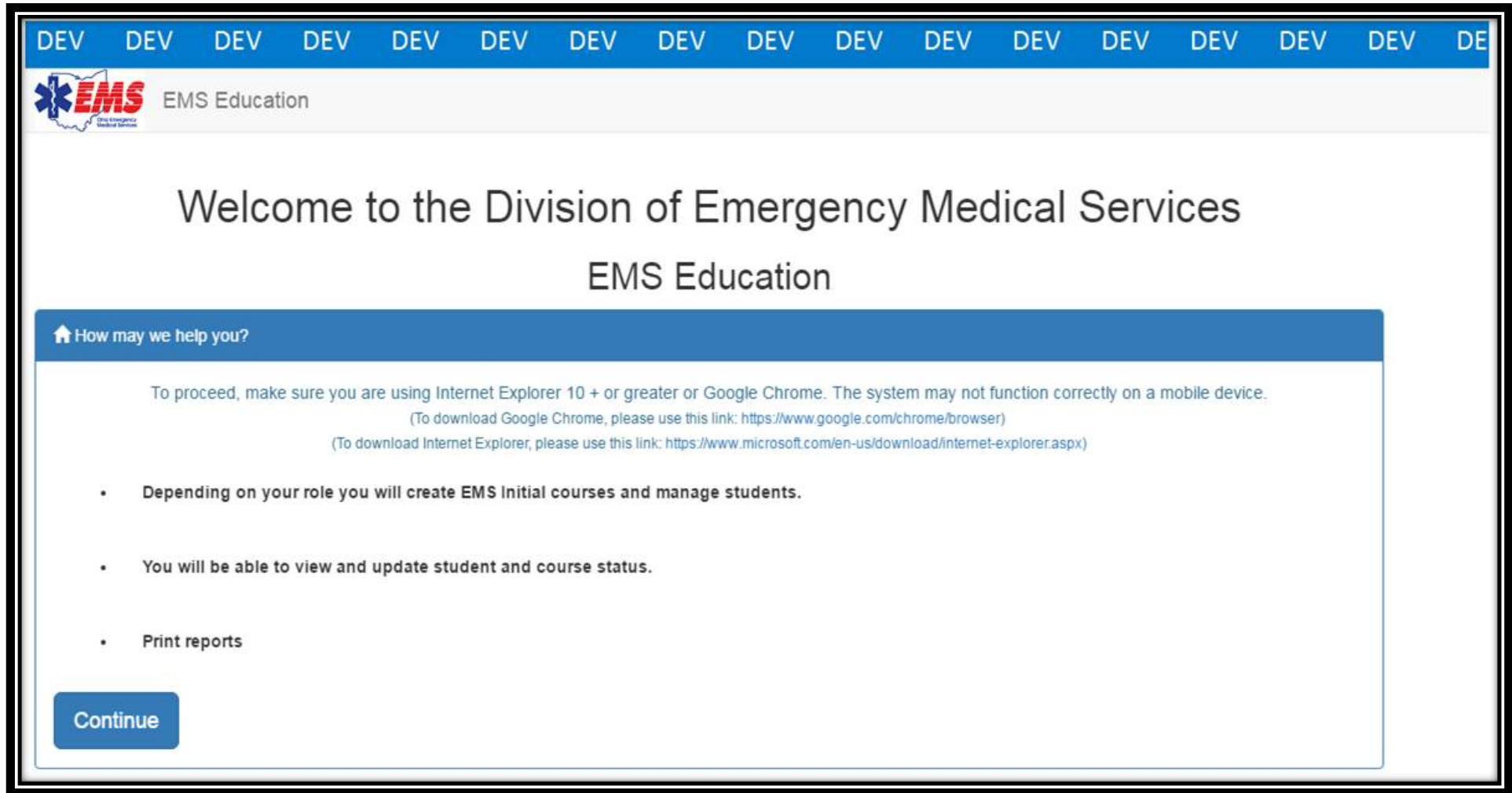
- Administers EMS Provider and instructor courses;
- Complies with all rules and laws applicable to EMS Provider and instructor courses;
- Performs ongoing review and maintains written evaluations of the courses including content of each course;
- Performs ongoing review and maintains written evaluations of the instructors' and students' performance for each course;
- Assigns faculty responsibilities and schedules program courses;
- Prepares or approves all documents required to be submitted for accreditation; and
- Assures the adequacy of the curriculum and all program training materials.

### System Requirements:

- This program is designed to work with IE 10 or higher and Chrome browsers. Mozilla Firefox, Safari and other browsers should work but have not been fully tested at the time of this release. The system may not function well on a mobile device.

### Getting Started - Register with Identity Manager

Log into: <https://services.dps.ohio.gov/emsschools/>



# ODPS Identity Manager

Single sign-on for the Ohio Department of Public Safety

 Sign In

You are accessing the Test system. For Production, click [here](#).

Sign in to continue to EMS Schools Course Management [Cancel](#)



Email



Password

Log in

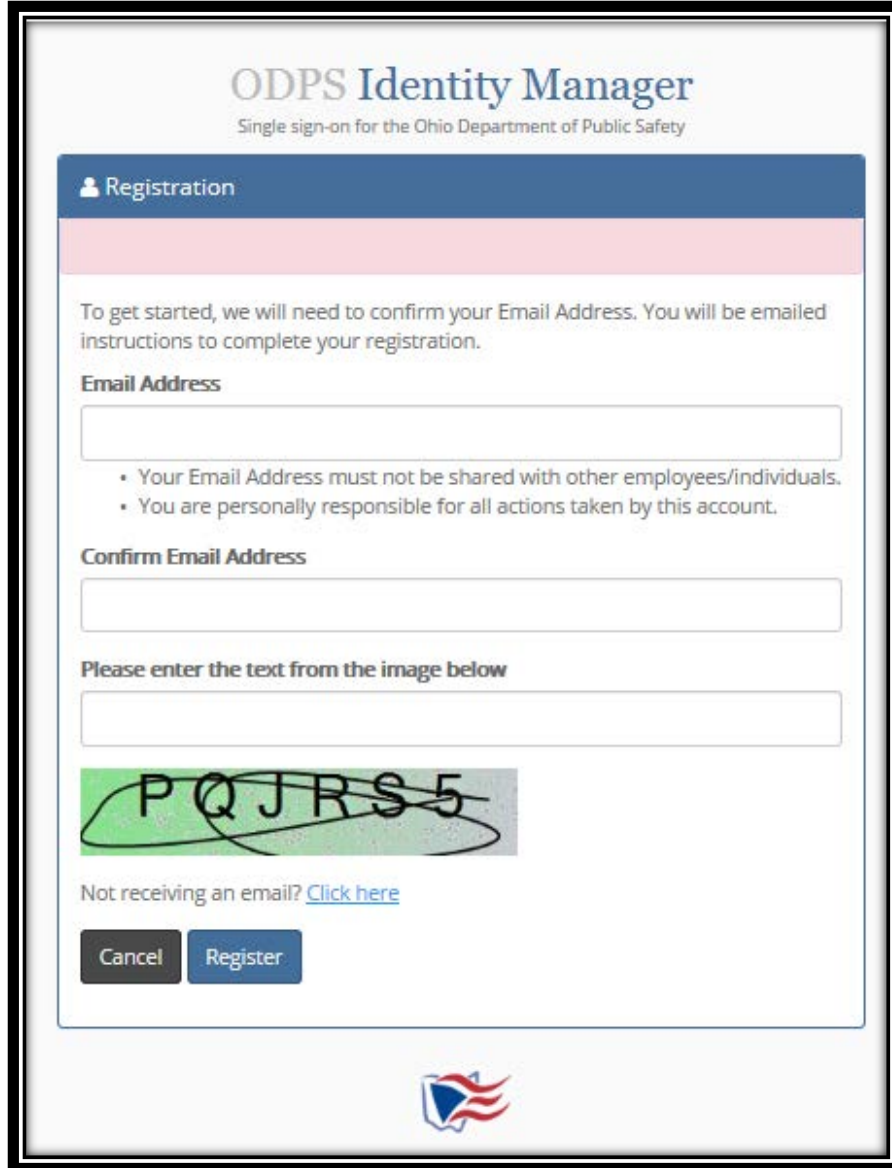
Having trouble logging in? [Get Help!](#)  
Don't have an account yet? [Register!](#)



Each EMS Program Director and Authorizing Official must register with Identity Manager in order to access the EMS Education Course System.

**If you already have an Identity Manager account, please log in using that email address. You will be directed to the appropriate page.**

If you do not have an Identity Manager account, please click on “register.” You will be directed to the appropriate page.



ODPS Identity Manager  
Single sign-on for the Ohio Department of Public Safety

**Registration**


To get started, we will need to confirm your Email Address. You will be emailed instructions to complete your registration.

**Email Address**


- Your Email Address must not be shared with other employees/individuals.
- You are personally responsible for all actions taken by this account.

**Confirm Email Address**

Please enter the text from the image below



Not receiving an email? [Click here](#)



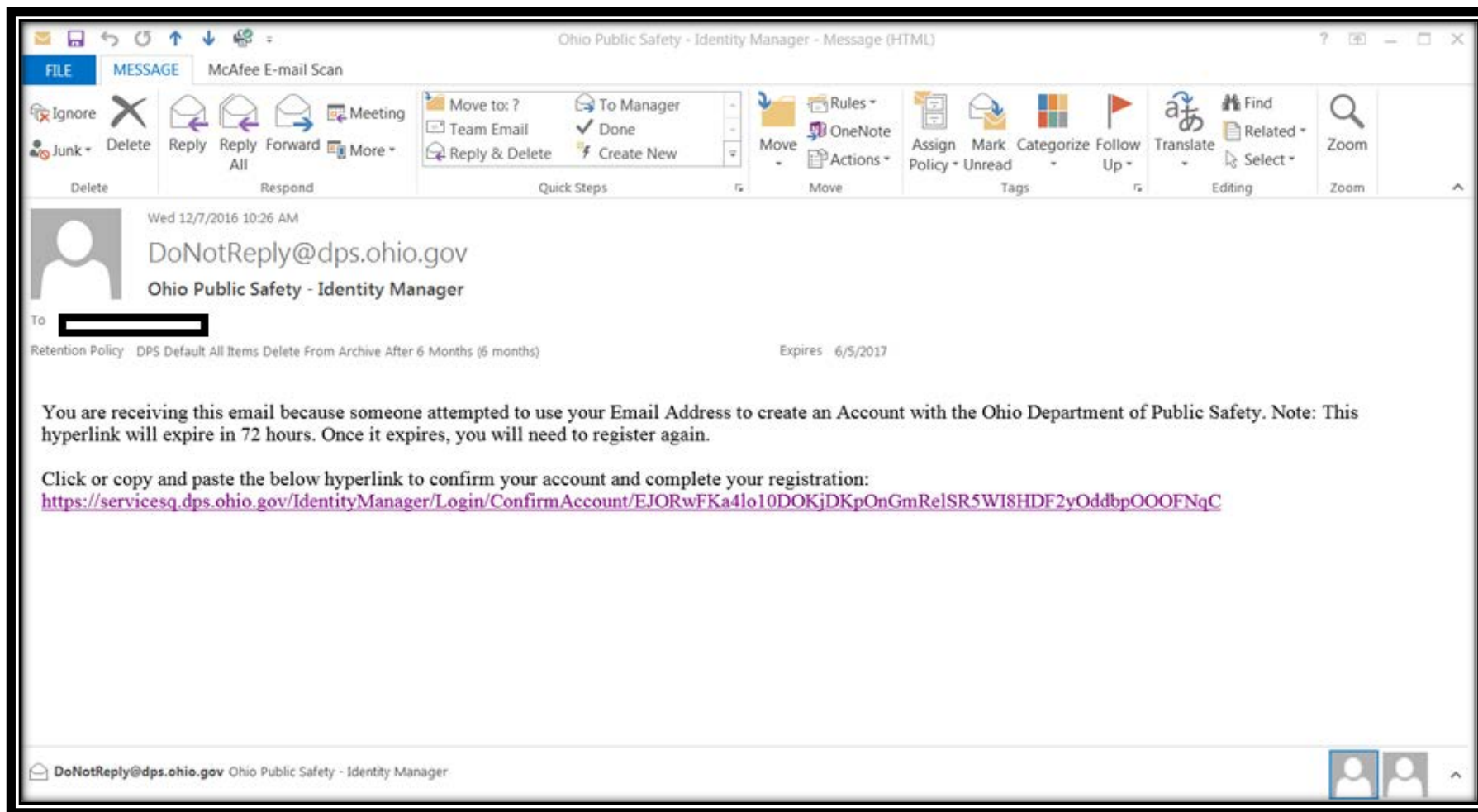
ODPS Identity Manager  
Single sign-on for the Ohio Department of Public Safety

**Registration Successful**

You have been sent an email with instructions to complete your registration.



Complete the Identity Manager registration form and select “Register.” A screen will appear that indicates an email has been sent with instructions to complete the registration.



## Identity Manager Registration Email

Once you receive the Identity Manager email, select the hyperlink to verify registration request and return to complete the registration process. The hyperlink will expire in 72 hours.

**If you do not get your email, please check your spam/junk folder.**

## Complete Identity Manager Registration

### ODPS Identity Manager

Single sign-on for the Ohio Department of Public Safety

#### Confirm Account

Please complete the following form to register your account with the Ohio Department of Public Safety.

**Email Address**

- Your Email Address must not be shared with other employees/individuals.
- You are personally responsible for all actions taken by this account.

**Password**

**Confirm Password**

- Your password must be at least 8 characters.
- Your password must contain at least one number.
- Your password must contain at least one letter.
- Your password may contain only the following special characters: ! @ # \$ %


Please select two different security questions that will be used if you need to reset your password.

**#1 Question**

**#1 Answer**

**#2 Question**

**#2 Answer**



Complete the registration form and select "Register." Your user ID is the same as your email Address.



EMS Education

[Home](#) / [Request Access](#)

Step 1 of 2: Access Request (Personal Information)

**Last Name\***

**First Name\***

**Date of Birth\***


MM/DD/YYYY

**SSN (Last 4 digits)\***

**Select Driver's License / Identification Card State\***

☐ Ohio ☐ Non-Ohio

**Please enter the text from the image below\***



Log out

Next >

This screen represents our validation process. Once completed, your information will be validated with the Ohio BMV. If you do not have an Ohio Drivers License, click the Non-Ohio option.

**For Individuals With Ohio Drivers License**

ODPS Identity Manager

Single sign-on for the Ohio Department of Public Safety

Validate Account

You are accessing the Test system. For Production, click [here](#).

To access any personal information, you will need to validate your identity against the Ohio Driver's License Database. We recommend doing so now.

If you choose to skip this step, you will be prompted again if you attempt to access an application that requires validation.

Ohio Driver License Number

Date of Birth

MM/dd/yyyy

First letter of your Last Name

Last 4 of SSN

Enter "0000" if you do not have a Social Security Number.

Validate My Identity

Skip Validation

Complete the registration form and select “Validate My Identity.”

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## For Individuals Without an Ohio Drivers License

[Home](#) / [Request Access](#)

Step 1 of 2: Access Request (Personal Information)

**Last Name\***

**First Name\***

**Date of Birth\***

MM/DD/YYYY

**SSN (Last 4 digits)\***

**Select Driver's License / Identification Card State\***

☐ Ohio ☒ Non-Ohio


**Please upload a copy of your out of state Driver License / Identification Card.**

Acceptable file types are PDF or Word or Excel with no more than 4MB in size.

☐ I will fax or email documentation.

Please fax to 614-466-9461 or [EMSAccrdCourse@dps.ohio.gov](mailto:EMSAccrdCourse@dps.ohio.gov).

**Please enter the text from the image below\***



You will be asked to upload your Non-Ohio drivers license or ID. You also have an option of sending it separately. Either way, a manual validation of your identity will be done prior to authorizing your access. This is a one time function.

## [ODPS Identity Manager Login](#)

# ODPS Identity Manager

Single sign-on for the Ohio Department of Public Safety

 Sign In

You are accessing the Test system. For Production, click [here](#).

Sign in to continue to EMS Schools Course Management [Cancel](#)



Email



Password

Log in

Having trouble logging in? [Get Help!](#)  
Don't have an account yet? [Register!](#)



You will be directed to the EMS Education Course Management Login. This will now be your login page.

## EMS Education Request Access Screen

Home / User Access

**My Account**

First Name

Last Name

Email Address

Status

Inprocess

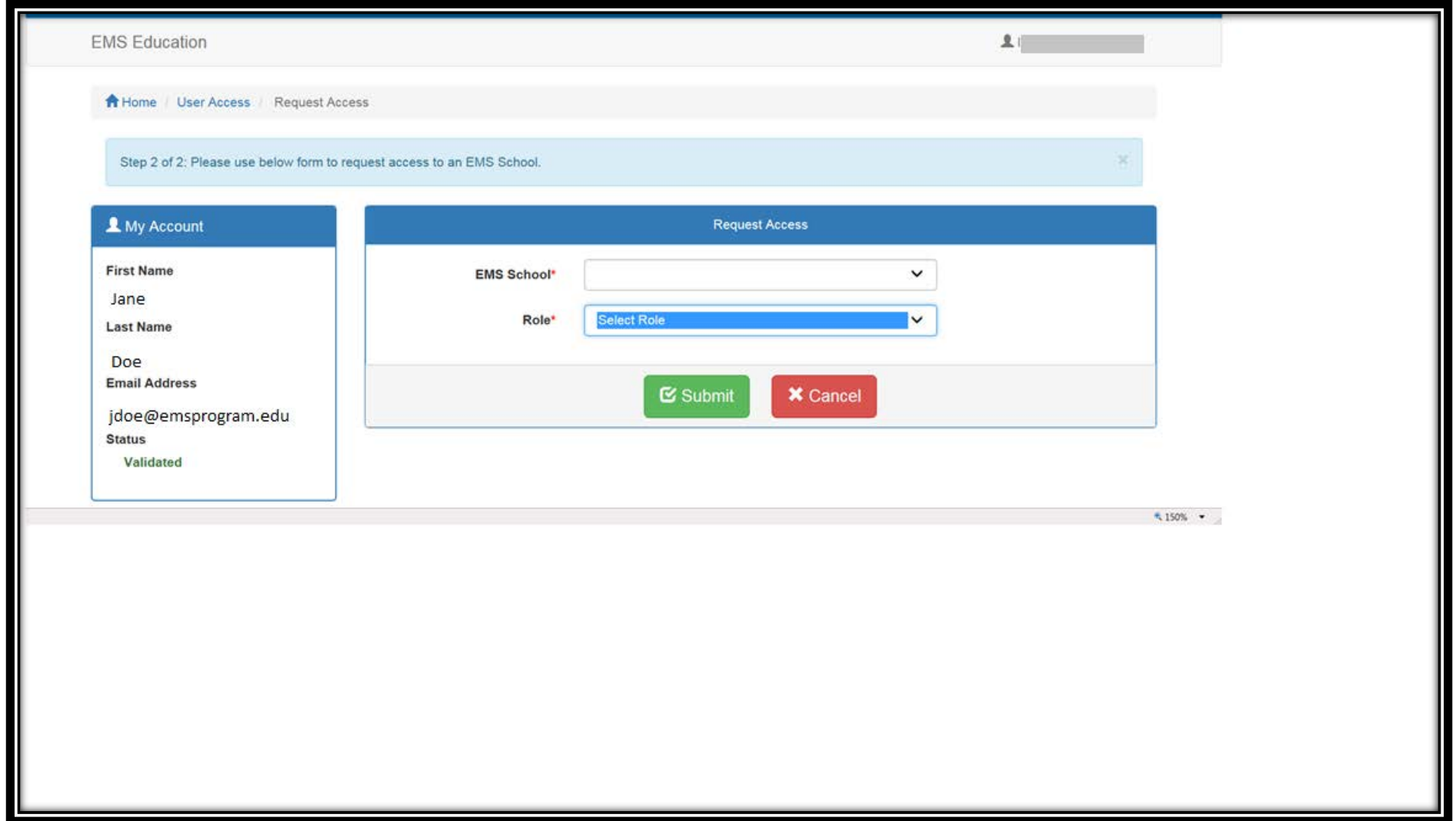
**Access Detail**

No access to EMS Education. Request an access to proceed.

[Request Access](#)

Now that you have created an identity manager account, you must request access to EMS Education. Select the “Request Access” button.

## Request Access



EMS Education

Home / User Access / Request Access

Step 2 of 2: Please use below form to request access to an EMS School.

**My Account**

First Name  
Jane

Last Name  
Doe

Email Address  
jdoe@emsprogram.edu

Status  
Validated

**Request Access**

EMS School\*

Role\*

Select Role

Submit Cancel


150%

To request access to an Accredited Institution please select the EMS school using the drop down menu. Next, select the role for which you are seeking access. Select "Submit." The Division of EMS will take action on your access request within 72 hours of receipt.

**Request Access Confirmation Screen**

[Home](#) / [User Access](#)

Access request submitted. Please allow 72 hours to process.


 My Account

First Name

Last Name

Email Address

Status  
Inprocess

 Access Detail

1 Pending Request(s).

Additional access cannot be requested until the current request is processed.

School Name	Role	Status
	Program Director	Pending

## Request Access Emails

To:

CC:

BCC:

Dear \*\*\*\*,

We have received your request to access the EMS Education system for EMS123 Test as the program director.

Sincerely,  
EMS Education Staff  
Ohio Department of Public Safety  
Division of Emergency Medical Services  
Office 800.233.0785  
Fax 614.466.9461

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To:

CC:

BCC:

This is to confirm that your request to access the EMS Education system for EMS123 Test has been granted.

Sincerely,  
EMS Education Staff  
Ohio Department of Public Safety  
Division of Emergency Medical Services  
Office 800.233.0785  
Fax 614.466.9461

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## Request New EMS Course

The screenshot displays a web application interface for the EMS Education System. At the top, a blue header bar contains a lock icon and the text "How may we help you?". Below this, a light gray input field is labeled "EMS School:". The main content area features four horizontal rows, each with a blue button centered within a light gray container. The buttons are labeled "Request New EMS Course", "Course Search", "Reports", and "My Profile" from top to bottom.

After logging into the EMS Education System, select the tab for “Request New EMS Course.” On this screen, you may create an EMS course by providing the course level, start and end dates, total course hours, course location, lead instructor, course handbook, syllabus and schedule.

**Note:** Course start date must be 14 calendar days in the future. For the initial rollout, all courses between 12/19/2016 and 1/16/17 should be created with a date 14 days in the future of the request date, even if the course is to start sooner. After you have completed the course registration, if the actual start date is less than the 14 days in the future, the Division of EMS should be contacted to correct start date. Course start dates from 1/16/17 forward must adhere to the 14 day requirement.

## Create a Course

The screenshot shows a web browser window with the URL <http://it-extweb/EMSSchools/Course/Course/Create>. The page title is "Request New EMS Course". The form contains the following fields and options:

- Course Level\***: A dropdown menu with the text "Select Course Level".
- Start Date\***: A date input field with a calendar icon. A yellow tooltip message states: "Start Date must be at least 14 calendar days in the future."
- End Date\***: A date input field with a calendar icon.
- Total Hours\***: A text input field containing the value "0".
- Course Location\***: Two radio buttons labeled "Main Location" and "Offsite".
- Lead Instructor\***: A text input field, a green button labeled "Search and Add Lead Instructor", and a yellow tooltip message: "As Program Director you are responsible for assigning a qualified lead instructor."
- Course Notes**: A text area with the placeholder "Enter course notes" and a character count "500 characters left in notes."
- Attachment(s)\***: A green button labeled "Add Documents".

At the bottom of the form, there is a red asterisk note: "\* Denotes Required Field". At the bottom of the page, there are two buttons: "Submit EMS Course Request" and "Cancel". The Windows taskbar at the bottom shows the time as 6:40 AM on 11/3/2016.

1. Utilizing the drop down menus, select the course level, start date, and end date. **\*Note: Course start date must be 14 calendar days in the future.**
2. Complete the remaining fields (course notes are optional). Information for offsite locations must be entered manually.
3. Enter the Lead Instructor utilizing the individual's certification number.
4. Attach and upload the three required documents – course handbook, syllabus, and schedule. **(Up to 4MB per document)**
5. Once all fields are completed, select "Submit EMS Course Request."

## Lead Instructor

### Search and Add Instructor

Please enter Certification Number and search for Instructor.

Certification Number

#### Search Results

Name (Last, First) :

Certification Number :

Certification Level	Status	Effective Date	Expiration Date	Additional Information
Paramedic	Active	8/19/2016	8/19/2019	
EMS Instructor	Active	8/19/2016	8/19/2019	

1. Enter the Lead Instructor utilizing the individual's certification number and select "Search."
2. Review the search results to ensure the instructor has the appropriate certifications.
3. If acceptable, select "Add Instructor."

## Adding Syllabus, Handbook, and Schedule as Attachments

The screenshot shows the 'EMS Course Request' form with an 'Attachment' modal window open. The modal prompts the user to select a document for upload, showing an 'Attachment Type' dropdown and a 'Select a File' button with a 'Browse...' link. A yellow tooltip provides instructions on acceptable file types and sizes. The background form includes fields for 'Total Hours\*', 'Course Location\*', 'Lead Instructor\*', 'Course Notes', and 'Attachment(s)\*', along with a 'Submit EMS Course Request' button and a 'Cancel' button.

**Attachment** [X] Change Selection

Please select document for upload to course request.

Attachment Type

Select a File  Browse...

Please attach the course syllabus, schedule and student handbook. Acceptable file types are PDF, Word and Excel with each file being no more than 4MB in size.

Total Hours\*  Must be a minimum of 150 hours.

Course Location\*

Lead Instructor\*  Search and Replace Lead Instructor

As Program Director, you are responsible for assigning a qualified lead instructor.

Course Notes  500 characters left in notes.

Attachment(s)\*

\* Denotes Required Field

## Adding a Course Document Sample

The screenshot shows a web application interface for submitting an EMS Course Request. A modal dialog titled "Attachment" is open, prompting the user to select a document for upload. The dialog includes a dropdown for "Attachment Type" set to "Course Schedule", a "Select a File" button with a file path input field, and an "Upload" button. A yellow warning box states: "Please attach the course syllabus, schedule and student handbook. Acceptable file types are PDF, Word and Excel with each file being no more than 4MB in size." The background form is partially visible, showing fields for "Total Hours\*" (150), "Course Location\*" (Main Location), "Lead Instructor\*", "Course Notes", and "Attachment(s)". A "Submit EMS Course Request" button is at the bottom of the form.

**Attachment**

Please select document for upload to course request.

Attachment Type: Course Schedule

Select a File:  Browse...

Please attach the course syllabus, schedule and student handbook. Acceptable file types are PDF, Word and Excel with each file being no more than 4MB in size.

Upload Cancel

Total Hours\* 150 Must be a minimum of 150 hours.

Course Location\* ☒ Main Location ☐ Offsite

Lead Instructor\*  Search and Replace Lead Instructor As Program Director, you are responsible for assigning a qualified lead instructor.

Course Notes  Enter course notes 500 characters left in notes.

Attachment(s)\*

Course Syllabus -

\* Denotes Required Field

Submit EMS Course Request Cancel

You will be unable to proceed until you have uploaded, at a minimum, one syllabus, one handbook, and one schedule. Each document must be uploaded individually.

## Completing EMS Course Request

Home / Request New EMS Course

### Request New EMS Course

**Selected EMS School:** [Change Selection](#)

**Course Level\*** Emergency Medical Technician

**Start Date\*** 12/23/2016 **End Date\*** 01/13/2017

Course Start Date must be at least 14 calendar days in the future.

**Total Hours\*** 150 Must be a minimum of 150 hours.

**Course Location\*** ☒ Main Location ☐ Offsite

**Lead Instructor\*** [Search and Replace Lead Instructor](#) As Program Director, you are responsible for assigning a qualified lead instructor.

**Course Notes** Enter course notes  
500 characters left in notes.

**Attachment(s)\*** [Add Documents](#)

Course Syllabus - Testing Agreement.docx

Course Schedule - Testing Agreement.docx

Course Handbook - Testing Agreement.docx

\* Denotes Required Field

[Submit EMS Course Request](#) [Cancel](#)

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Ohio Department of Public Safety © - 2016

When this page is completed, select “Submit EMS Course Request.” You will receive a confirmation email.

## Confirmation Email

<p>To:</p> <p>CC:</p> <p>BCC:</p> <p>Dear ****,</p> <div style="border: 1px solid black; padding: 5px;"><p>We have received your request to add an EMT course to be offered at EMS 123 Test. Your course ID number is 12345.</p></div> <p>Sincerely, EMS Education Staff Ohio Department of Public Safety Division of Emergency Medical Services Office 800.233.0785 Fax 614.466.9461</p> <p>-----</p>
--


Once course request has been submitted, a confirmation with the Course ID will be emailed to the Program Director.

<p>To:</p> <p>CC:</p> <p>BCC:</p> <p>Dear ****,</p> <div style="border: 1px solid black; padding: 5px;"><p>Your request for EMT course 12345 has been approved.</p></div> <p>Sincerely, EMS Education Staff Ohio Department of Public Safety Division of Emergency Medical Services Office 800.233.0785 Fax 614.466.9461</p> <p>-----</p>
---

## Logging In to Edit a Course


# ODPS Identity Manager


Single sign-on for the Ohio Department of Public Safety

 Sign In

You are accessing the Test system. For Production, click [here](#).


Sign in to continue to EMS Schools Course Management [Cancel](#)

 Email

 Password

Log in


Having trouble logging in? [Get Help!](#)  
Don't have an account yet? [Register!](#)



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## Course Search

 How may we help you?

EMS School:

SEARCH

GO

RESET

Request New EMS Course

Course Search

Reports

My Profile

Once created, an EMS course may be accessed utilizing the EMS Education screen. Select “Course Search.”

## Course List by

## Accredited Institution

Course Search

EMS School: EMS123 Test

Course ID

Enter Course ID

Course Status

--Select--

Start Date

Enter Start Date

Course Level

--Select--

Search

Clear

Search Result

Course ID	School	Course Level	Start Date	End Date	Lead Instructor	Status	
65101	Apollo Career Center	Emergency Medical Responder	10/4/2016	10/5/2016	Donald Leuchtag (67)	Approved	<a href="#">Detail</a>
65100	Apollo Career Center	Emergency Medical Technician	10/27/2016	10/28/2016	Shelly Lukasiewicz (47)	Approved	<a href="#">Detail</a>
65096	Apollo Career Center	Emergency Medical Technician	9/26/2016	11/3/2016	Donald Leuchtag (67)	Approved	<a href="#">Detail</a>
65095	Apollo Career Center	Emergency Medical Responder	10/20/2016	12/27/2016	Dominika Kozlowski (174)	Cancelled	<a href="#">Detail</a>
65092	Apollo Career Center	EMS Instructor	10/2/2016	4/13/2017	Shelly Lukasiewicz (47)	Approved	<a href="#">Detail</a>

This screen provides a snapshot of each of the courses associated with a particular school.

Select the "Details" button associated with Course ID to review course information added to the course dashboard.

## Course Dashboard

[Home](#) / [Search](#) / [Course Detail](#)

[Back To Search](#) **Course Dashboard**

**Course Summary**

**Course ID** 65101

**Requested EMS School**

**Start Date** 10/4/2016

**Total Hours** 123

**Course conducted at** Main Location

**Course Status** **Approved**

**Course Level** Emergency Medical Responder

**End Date** 10/5/2016

**Instructors** [Add](#)

Instructor Name	Type	
<input type="text"/>	Lead Instructor	<a href="#">Replace</a>

**Documents**

Document Type	File Name
Course Syllabus	<a href="#">1 - Copy (2).xlsx</a>
Course Schedule	<a href="#">1 - Copy (3).xlsx</a>
Course Handbook	<a href="#">1.xlsx</a>

**Notes** No notes found

**Students** [Search and Add Student](#)

To add or replace a Lead instructor, select “Add” or “Replace” respectively and follow the procedure used to initially add the Lead Instructors. More instructors can be added later, but there can only be one Lead Instructor per course.

## To Add Additional Instructors

### Search and Add Instructor

Please enter Certification Number and search for Instructor.

Certification Number

1. Enter the Instructor utilizing the individual's certification number and select "Search."
2. Review the search results to determine accuracy and acceptability.
3. If accurate, select "Add Instructor."

## Adding Students to a Course by Certification Number

[Back To Course](#)Course - Add Student

Add Student to Course

Course Summary

+

### Search Student

Search student using **one** of following options. If student is not found, you will still have an option to add manually. You would need student personal detail in order to add student to class.

Search By\* ☒ Certification Number OR ☐ Last Name and Date of Birth

Certification Number\*

To add students by utilizing the Search by Certification Number, enter the student's certification number in the "Certification Number" field and select "Search".

Students must be added within 14 days of the course start date.

### **Adding Students to a Course by Certification Number**

## Search Student

Search student using **one** of the following options. If student is not found, you will still have an option to add manually. You will need student personal detail in order to add student to class.

Search By\* ☒ Certification Number OR ☐ Last Name and Date of Birth

Certification  
Number\*

 Search

 Clear

## Search Results

Certification Number	Name	Date of Birth	City	County	
					<a href="#">+ Add Student</a>

If student information is incorrect, the student must contact the Division of EMS at 1-800-233-0785.

If student information is not found, then you can either search again or click "Add Student Manually" button to add student manually.

[+ Add Student Manually](#)

### Adding Students to a Course by Last Name and Date of Birth

Course: Emergency Medical Technician (



## Search Student

Search student using **one** of the following options. If student is not found, you will **still** have an option to add manually. You will need student personal detail in order to add student to class.

Search By\* ☐ Certification Number OR ☒ Last Name and Date of Birth

Last Name\*

BA

Date Of Birth\*

01/01/1988



 Search

 Clear

## Search Results

No record found. Please reenter search criteria and search again or click on "Add Student Manually" button to add.

 Add Student Manually

If the student is not found in the system, you will need to add them manually.



## Adding Students to a Course Manually

[Home](#) / [Search](#) / [Course Detail](#) / [Add Student](#)

[Back To Course](#) Course - Add Student

**Add Student to Course**

Course: Emergency Medical Responder (65117) at  +

**Add New Student**

**First Name\***

**Middle Initial**

**Last Name\***

**Date of Birth\***

**SSN\***

**Confirm SSN\***

**Home Address 1\***

**Home Address 2**

**City\***

**State\***

**Zip Code\***

**County\***

**Home Phone Number**

**Cell Phone Number**

**Primary Email Address\***

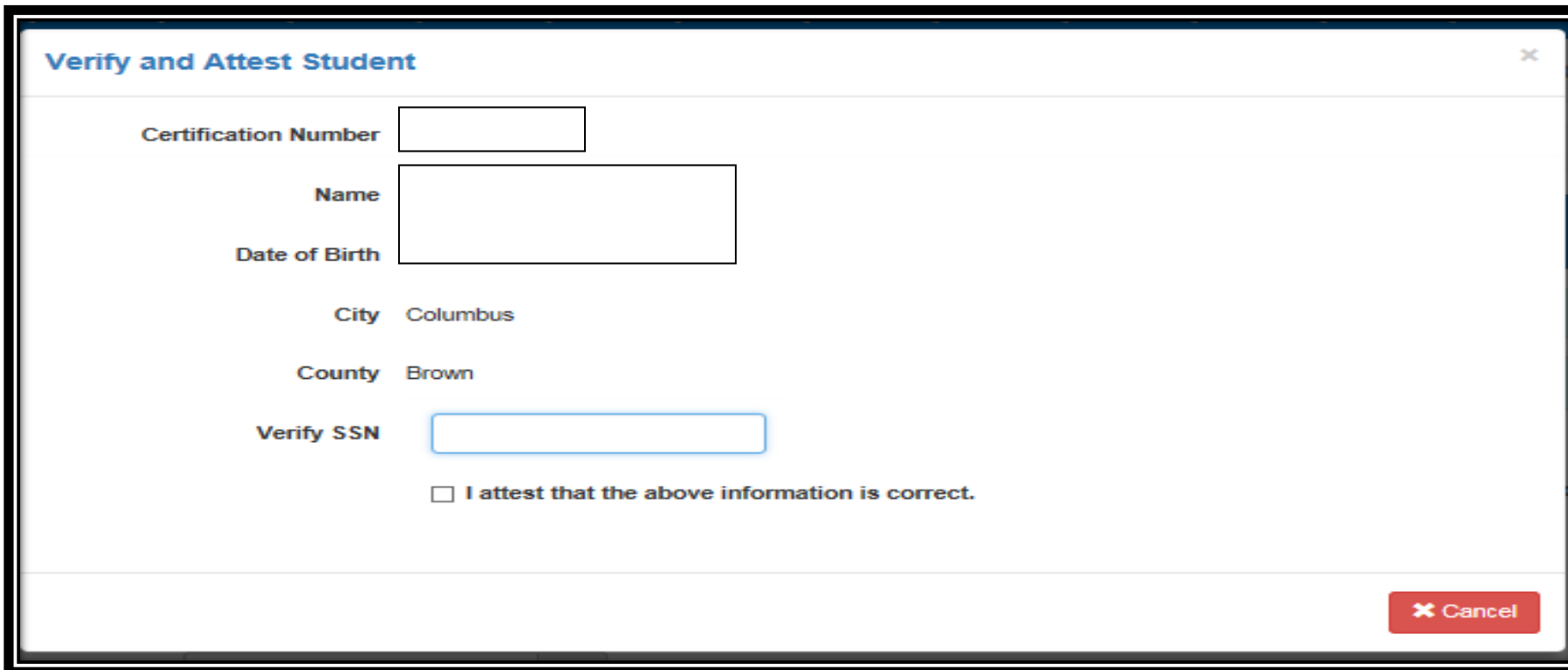
**Secondary Email Address**

☒ I attest that above information is correct.

+ Add Student Cancel

If the student is not in the database, the program director will be prompted to enter all student information manually. Complete all the fields with the appropriate student information. Select "Add Student".

## Verify and Attest Student Identity



The screenshot shows a web form titled "Verify and Attest Student" with a close button (X) in the top right corner. The form contains the following fields and labels:

- Certification Number**: A text input field.
- Name**: A text input field.
- Date of Birth**: A text input field.
- City**: A dropdown menu with "Columbus" selected.
- County**: A dropdown menu with "Brown" selected.
- Verify SSN**: A text input field.
- Attestation**: A checkbox labeled "I attest that the above information is correct."
- Cancel**: A red button with a white "X" icon and the text "Cancel" in the bottom right corner.

When a student is added utilizing their certification number or last name and DOB, the student's information on file with the Division of EMS will be revealed. The program director must verify and attest to the validity of the information prior to adding a student to the course.

\* Note: When search results indicate the student holds a certification number, but the information is incorrect, the student must contact the Division of EMS Certification Section to correct the information. The course roster will auto-correct when the information is corrected in the certification database. When a search result indicates the student is in the Division of EMS's certification database, but does not have a certification number, the program director may correct the information as necessary.

## Course Dashboard

Back To Search

Course Dashboard

Course Summary

Course ID

65101

Requested EMS School

Start Date

10/4/2016

Total Hours

123

Course conducted at

Main Location

Course Status

Approved

Course Level

Emergency Medical Responder

End Date

10/5/2016

Instructors

Add

Instructor Name	Type	
Donald Leuchtag (67)	Lead Instructor	Replace

Documents

Document Type	File Name
Course Syllabus	1 - Copy (2).xlsx
Course Schedule	1 - Copy (3).xlsx
Course Handbook	1.xlsx

Notes

No notes found

Students

Search and Add Student

Click on student name to see or change student details.

Student	Status	Course Practical	Course Written	Course	NREMT Practicals	NREMT Written	IS 100	IS 700	Attestation	Action
	Passed Course	Pass	Pass	Pass 10/10/2016	Pass 10/1/2015	Pass 10/1/2015	Yes 10/1/2015	Yes 10/1/2015	✓	Update Result
	In Progress									Update Result
	In Progress	Pass								Update Result
	In Progress									Update Result

(614) 387-1403

During the first 14 days of a class, two buttons (not shown) will be available. A “Cancel” button in blue under the End Date will allow the program Director to completely remove the class and all records. A “Remove Student” button under each “Update Results” button will allow the program director to remove the student from the course. After 14 days, neither of these action buttons will be accessible.

The student’s file must be updated as they complete each course component. Select the “Update Result” button to the right of the student’s name. The Course-Update Student Results screen will be displayed for that individual student.

## Update Student Results

[← Back To Course](#)

### Course - Update Student Results

#### Update Student Result

Student Name

Student Status In Progress

Course Practical

Course Written

Course

Course Completion Date Course Completion Date

Once you update the course completion date for this student, you cannot make any changes.

IS 100 Completed

IS 100 Completion Date IS 100 Completed Date

IS 700 Completed

IS 700 Completion Date IS 700 Completed Date

✓ Update Result✕ Cancel

All course components and completion dates must be completed before a student will be eligible to complete an application for an Ohio certificate to practice.

Note: Courses that started prior to 12/19/16 will not be required to record the IS 100 and IS 700 completion. However, the accredited institution is required to maintain evidence that the student completed IS 100 and IS 700 prior to validating eligibility for an Ohio certificate to practice.

## Student Status

[← Back To Course](#)

Update Student Results

Update Student Result

Course: Advanced Emergency Medical Technician (62532) [+](#)

Student Name

Student Status

Course Practical

Course Written

Course

Course Completion Date

Course Completion

In Progress

Withdrawn - Personal

Dismissed

▼

▼

▼

▼

▼

Once you update the course completion date for this student, you cannot make any changes.

✓ Update Result

✕ Cancel

The program director may change student status to Withdrawn-Personal or Dismissed if these situations occur.

## Update Student Results

[← Back To Course](#) Course - Update Student Results

### Update Student Result

Student Name

Student Status **Passed Course**

If you have want to change course completion date or result for this student, then contact the Division of EMS.

Course Practical	Pass	▼
Course Written	Pass	▼
Course	Pass	▼
Course Completion Date	10/10/2016	

Student have 2 years from their course completion date to apply for an Ohio EMS Certification.

NRE Practical	Pass	▼	NRE Practical Date	10/01/2015	
NRE Written	Pass	▼	NRE Written Date	10/01/2015	
IS 100 Completed	Yes	▼	IS 100 Completion Date	10/01/2015	
IS 700 Completed	Yes	▼	IS 700 Completion Date	10/01/2015	

Attestation **Previous Attestation by nshah@dps.ohio.gov on 11/2/2016 2:33:00 PM**

**Please check the box below after you have read the attestation.**

☐ I attest that above results are true and accurate to the best of my knowledge. 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 understand that I must maintain records relating to the above results and such records are subject to audit by the Division of Emergency Medical Services (EMS). I hereby give permission to the Ohio Department of Public Safety, Division of EMS, to verify any of the above information.

[✕ Cancel](#)


Once all of the student's results are complete and updated, the program director must attest to the truth and accuracy of the results by clicking the box to the left of the attestation statement. A "Submit" button will be displayed to allow the program director to submit the student information to the Division of EMS Certification Section.

# Student Initial Application Screen Shots

## 1. Course Number & Password.

Course ID	Course Status	Approved	
Requested EMS School	Course Level	Emergency Medical Technician	
Start Date	2/8/2016	End Date	6/13/2016
Total Hours	150		
Course Location	Main Location		

## 2. Program Director has attested to student having completed all EMS EMT requirements.

Student	Status	Course Practical	Course Written	Course	NREMT Practicals	NREMT Written	Attestation	Action
Doe, Jim jdoe@hotmail.com (614) 895-8958	Passed Course	Pass	Pass	Pass 6/10/2016	Pass 7/25/2016	Pass 7/29/2016	✓	 Update Result

### **3. EMAIL SAMPLE: Sent to Jim Doe informing that they are ready to take NREMT exams.**

**From:** [ems-firecertifications@dps.ohio.gov](mailto:ems-firecertifications@dps.ohio.gov)

**Sent:** Saturday, July 30, 2016 12:05:04 AM (UTC-05:00) Eastern Time (US & Canada)

**To:** Doe, Jim

**Subject:** [Redirected from QA] Ohio EMS Certification Application Instructions

**Date:** 07/30/2016

**Accredited Program:**

**Course Number:** 63826

**Course Level:** Emergency Medical Technician

**Student Name:** Jim Doe

**Course Completion Date:** 06/10/2016

Your EMS training program has indicated that you have met all training and testing requirements to be eligible to submit an application for Ohio certification. Even if you are NREMT certified, you must apply for Ohio certification in order to perform EMS services in this state. **The deadline for you to submit your application is 06/09/2018, which is two years from your course completion date. No extensions to this deadline will be awarded.**

You will need the following information to complete your application:

- 1) Your primary email address
- 2) Course I.D.# 63826
- 3) Course password: UjkkDhig
- 4) If you have any criminal history to report, you will need to provide:
  - name of court where conviction occurred;
  - conviction date;
  - level of conviction (misdemeanor or felony); and
  - name of arresting law enforcement agency.
- 5) If you have pending charges, you will need to provide:
  - description of charge;
  - date of arrest;
  - arresting agency; and
  - court (if known)
- 6) If you have had a previous EMS certification that has been suspended or revoked, in Ohio or any other state, you will need to provide:
  - an explanation for the suspension or revocation of your certificate to practice or teach; and
  - the date the action was taken.

Please click on this link to complete and submit your application for Ohio certification: <https://services.dps.ohio.gov/EMSStudent/EMSInitial/Login.aspx>

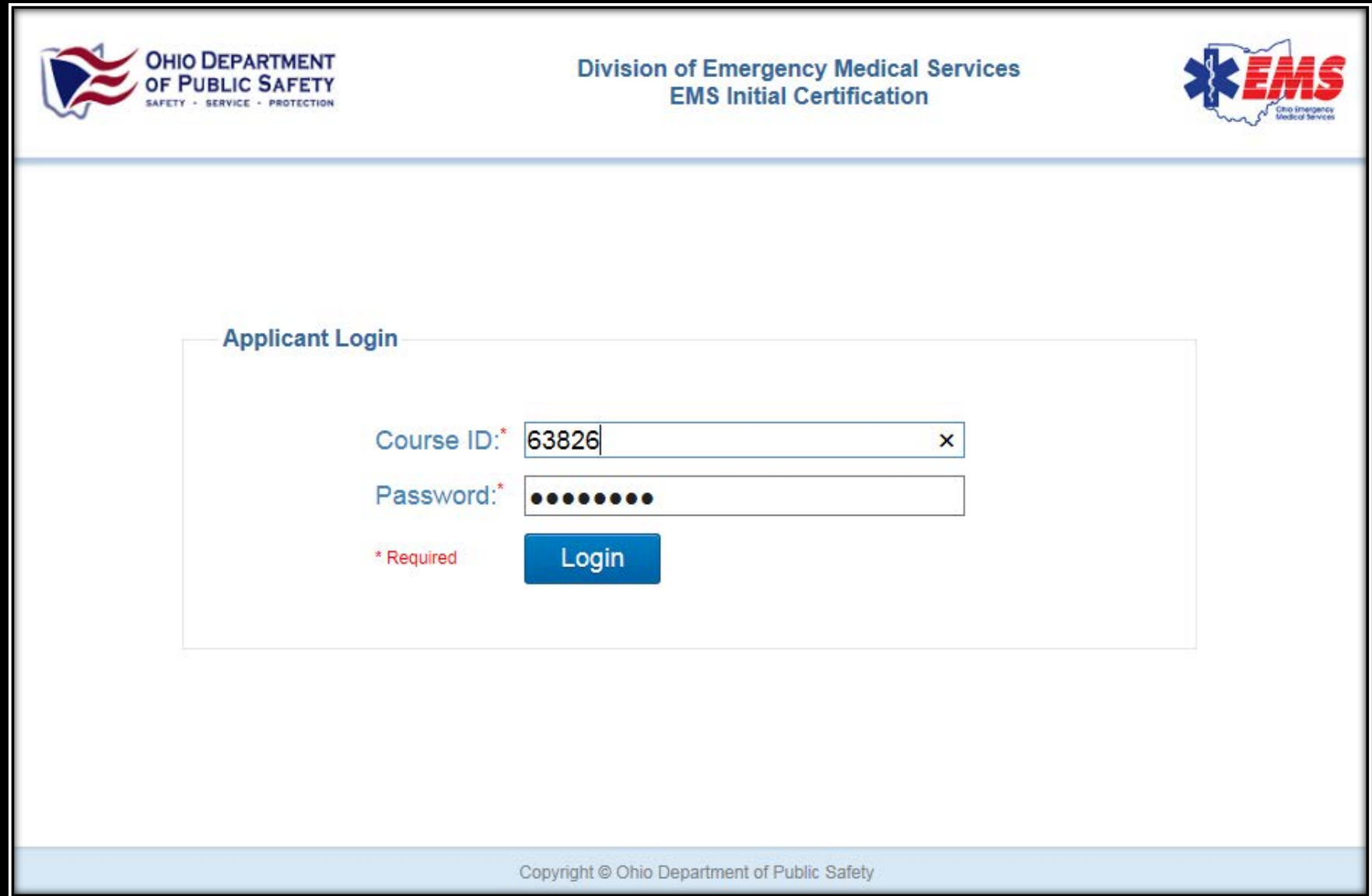
Congratulations on meeting all the requirements to apply for Ohio certification. If you have any questions regarding the application process, please call us at 1-800-233-0785 during normal business hours.

Division of Emergency Medical Services  
Ohio Department of Public Safety  
1970 West Broad Street  
P. O. Box 182073  
Columbus, OH 43218-2073  
[ems-firecertifications@dps.ohio.gov](mailto:ems-firecertifications@dps.ohio.gov)  
1-800-233-0785



4. Student selects link (in email) to EMS Initial Application:

Course number and password (*contained in student email*) is entered at EMS Certification log in screen.



The screenshot shows the login interface for the EMS Initial Certification. At the top, there are three logos: the Ohio Department of Public Safety logo on the left, the text 'Division of Emergency Medical Services EMS Initial Certification' in the center, and the EMS logo on the right. Below these logos is a large white box titled 'Applicant Login'. Inside this box, there are two input fields. The first is labeled 'Course ID:\*' and contains the text '63826'. The second is labeled 'Password:\*' and contains ten black dots. To the left of the password field, there is a red asterisk followed by the word 'Required'. Below the input fields is a blue button labeled 'Login'. At the bottom of the page, there is a light blue footer bar with the text 'Copyright © Ohio Department of Public Safety'.

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EMS Initial Certification

EMS  
Ohio Emergency Medical Services

Applicant Login

Course ID:\* 63826 x

Password:\* ●●●●●●●●●●


\* Required

Login


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5. Student selects link (in email) and is taken to the EMS Initial Application site:

Student must enter SSN and date of birth, then select "Verify Identity" button.



Division of Emergency Medical Services  
EMS Initial Certification



Logout

Course	Start Date	Certification Level	Instructor Name
	2/8/2016	Emergency Medical Technician	

### Student Identity Verification


Enter SSN \*

Enter Date of Birth \*

Verify Identity


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6. Student's identity is confirmed against the EMS Certifications Database - confirmation screen displayed.



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EMS Initial Certification



Logout

Course	Start Date	Certification Level	Instructor Name	Final date for application submission
	2/8/2016	Emergency Medical Technician		6/10/2018

Identity Confirmed

Click 'Start an Application Process' button below to start an application process for Jim Doe.

Start an Application Process

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7. Information popup screen is displayed. Student selects “Continue”

**BEFORE YOU BEGIN THIS APPLICATION...**

**If you have criminal history to declare, you will need the following information to submit your application:**

- Criminal conviction information
- The court where the conviction occurred
- The conviction date
- The conviction level
- The arresting police agency

**If you have pending charge(s) to declare, you will need the following information to submit your application:**

- Description of charge(s)
- Date of arrest
- The arresting police agency
- Court (if known)

**If your certificate has been suspended or revoked in Ohio or any other state, you will need the following to submit your application:**


- An explanation of the action
- The date(s) action was taken

Continue

Do Not Continue


8. Information popup screen is displayed.

Student updates any fields where changes are allowed, then selects “Next”



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Logout

Course	Start Date	Certification Level	Instructor Name	Final date for application submission
	2/8/2016	Emergency Medical Technician		6/10/2018

\* Required

Personal Information

Legal Last Name

Doe

Legal First Name

Jim

Legal Middle Name

Suffix

SSN

XXX-XX-XXXX

Date Of Birth

6/15/1978

Home Address 1 \*

3837 Main Street

Home Address 2

City \*

Buckeye

State \*

Ohio

Zip Code \*

46526

County of Residence \*

Franklin

Home Phone Number

(614)895-8958

Cell Phone Number

Primary Email \*

jdoe@hotmail.com

Verify Email \*


jdoe@hotmail.com

Secondary Email

Confirm Secondary Email


Next >>

9. Student fills out armed forces section, then selects "Next".



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Medical Services

Logout

Course	Start Date	Certification Level	Instructor Name	Final date for application submission
	2/8/2016	Emergency Medical Technician		6/10/2018

\* Required

Armed Forces Information

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 services 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.

☐ 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.


☐ I am a surviving spouse of a service member or veteran, discharged / released under honorable conditions.

☒ None of the above.

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Next >>

10. Student fills in affiliations section (if Yes, add affiliations), then selects “Next”.



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Logout

Course	Start Date	Certification Level	Instructor Name	Final date for application submission
	2/8/2016	Emergency Medical Technician		6/10/2018

\* Required

Affiliation(s)

An **Affiliation** is the department or agency with which you work using this certificate, in either a paid or volunteer status. You are not required to have an affiliation to obtain/maintain your certificate. You also may have more than one affiliation.


Do you currently have any **Affiliation(s)** for this Certification? If YES, provide affiliation(s) for this certification. \*

☐ Yes ☒ No

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Next >>

11. Student responds to application questions, then selects “Next”.



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EMS Initial Certification



Logout

Course	Start Date	Certification Level	Instructor Name	Final date for application submission
	2/8/2016	Emergency Medical Technician		6/10/2018

\* Required

Application Questions

1. 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? \*

☐ Yes ☒ No

2. Has your Emergency Medical Responder and/or Emergency Medical Technician and/or Advanced Emergency Medical Technician and/or Paramedic certificate, in this or any other state, ever been suspended, revoked or placed under disciplinary sanction(s)? \*


☐ Yes ☒ No

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Next >>



12. Student checks the attestation statement and selects the “Submit Application” button.

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EMS Initial Certification

**EMS**  
Ohio Emergency  
Medical Services

Logout

Course	Start Date	Certification Level	Instructor Name	Final date for application submission
	2/8/2016	Emergency Medical Technician		6/10/2018

**APPLICANT**

\* Required

☒ I attest that I am the certificate holder or person seeking to obtain certification, and 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 R.C. Section 2921.13 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 R.C. Section 4765.30 and O.A.C. Chapter 4765-8. 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 that such records are subject to audit by the Division of Emergency Medical Services (EMS). I hereby give permission to the Ohio Department of Public Safety, Division of EMS, to verify any of the above information. \*

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Submit Application

13. System provides a confirmation screen with further instructions.

The student will receive an email from the Division of EMS indicating the procedure on how to complete an application for Ohio certification. Upon receipt of a completed application, it will be compared with the program records on file to make sure there have been no changes in the student's status. If all information correlates, the student will receive notification regarding their submission of application.

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**EMS Initial Certification**

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**Logout**

Course	Start Date	Certification Level	Instructor Name	Final date for application submission
	2/8/2016	Emergency Medical Technician		6/10/2018


**Application submitted successfully for the level indicated above. It is in Pending status - see below for explanation. You will receive an email confirming your application and providing further instructions regarding your certification.**

**Pending** means the certification will become active on midnight of the effective date. The new certification card will be mailed within 7-10 days after the effective date.


**Needs Approval** means that the Division of EMS staff needs to review the application before it can be processed. For questions, please call the Division of EMS at 1-800-233-0785 or email [ems-firecertifications@dps.ohio.gov](mailto:ems-firecertifications@dps.ohio.gov).

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## Examples of Available Reports



Ohio Department of Public Safety  
Division of Emergency Medical Services  
EMS Initial Students Pass/Fail by School  
From 12/1/2015 to 12/1/2016



59156 - Emergency Medical Responder (10/9/2015 - 12/4/2015)								
First Name	Last name	Certification Number	Status	NREMT Practical	NREMT Written	IS 100	IS 700	Application Submitted Date

60737 - Emergency Medical Technician (8/11/2015 - 1/21/2016)								
First Name	Last name	Certification Number	Status	NREMT Practical	NREMT Written	IS 100	IS 700	Application Submitted Date

61926 - Paramedic (3/16/2015 - 2/24/2016)								
First Name	Last name	Certification Number	Status	NREMT Practical	NREMT Written	IS 100	IS 700	Application Submitted Date

64988 - Emergency Medical Technician (9/11/2015 - 5/24/2016)								
First Name	Last name	Certification Number	Status	NREMT Practical	NREMT Written	IS 100	IS 700	Application Submitted Date

12/13/2016
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Ohio Department of Public Safety  
Division of Emergency Medical Services  
List of All Students for



Name	Student Status	Course Level	Course ID	Start Date	End Date



Ohio Department of Public Safety  
Division of Emergency Medical Services  
Students Needing Review for



Courses with End Date between 12/1/2015 - 12/1/2016

Name	Course ID	Course Level	Start Date	End Date	Student Status	NREMT Practical	NREMT Written	Application Submitted Date

You are accessing the Test system. For Production, click [here](#).

### My Account

#### Email Address

jsm173@outlook.com


#### Account Status

 **Unvalidated**

To retrieve any personal information, you must first validate your identity.

[Validate Now](#)

### Applications

	Application	Description
✓	<a href="#">EMS and Fire Certification Renewal</a>	Ohio EMS Division Fire & EMS Certification Renewal
✓	<a href="#">Dealer Licensing System</a>	The Dealers Licensing System is used by Automotive dealers across the State of Ohio. Dealers can use the system to report the sales of temporary tags, manage their licensed salespersons, and even order additional/replacement plates.
✓	<a href="#">EMS Agencies (Grants)</a>	EMS Agencies (Grants)
✓	<a href="#">EMS Schools Course Management</a>	EMS Schools Course management
✓	<a href="#">Government Access</a>	Required
	<a href="#">Identity Manager Test</a>	The first test of Identity Manager.
✓	<a href="#">OASIS</a>	Test Test Test
✓	<a href="#">Ohio Driver Education and Training System</a>	Ohio Driver Education and Training System
✓	<a href="#">Ohio Title Gateway</a>	Ohio Title Gateway
✓	<a href="#">OPLATES - Fleet and Power of Attorney Services</a>	Fleet Management.
✓	<a href="#">Organ Donor</a>	Required
✓	<a href="#">PATH</a>	PATH in Jericho ITST
✓	<a href="#">Proof Filing / Proof Cancellation</a>	Proof Filing (SR-22) / Proof Cancellation (SR-26) external website for insurance companies.

If this screen pops up, please select “EMS Schools Course Management”