



Ohio Department of Public Safety  
Division of Emergency Medical Services

User Guide  
for  
EMS & Fire Certification Renewal System



## Division of EMS Online Renewal System

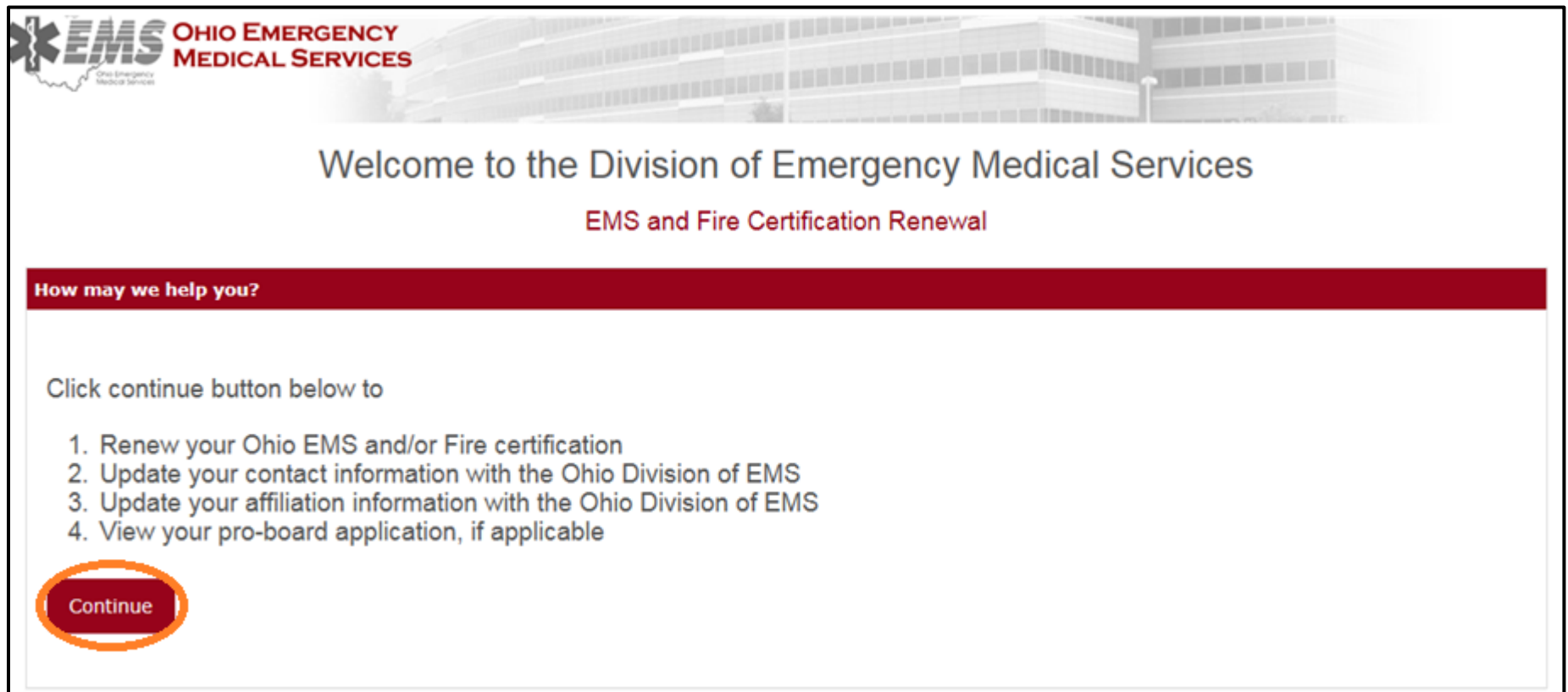
This user guide has been developed to assist EMS and Firefighter certificate holders in navigating the online renewal system, which is required to renew all certifications.

Some things to keep in mind:

- The new renewal system performs best when **Internet Explorer version 9 or higher** is used. (To download Internet Explorer from Microsoft, you may use this link: <https://www.microsoft.com/en-us/download/internet-explorer.aspx>.)
- The system is designed to be used on a computer, not a cell phone.
- All certificate holders must have an email address listed in his/her record in the Division of EMS database. Certificate holders may not share the same email address.
- Certificates will be available to renew beginning 90 days prior to the expiration date. **Do not wait until the last day to submit your renewal application.**
- The first time a user enters the renewal system, it will be necessary to register an account and establish identity.
- After an account has been registered, users will be able to log on simply using their email address and password.
- When filling out the renewal application, users will see buttons at the bottom of each screen titled “Previous” and “Next”. Selecting “Next” and going to the next screen will automatically “save” the information just entered on that screen. Selecting “Previous” allows the user to go back to the previous screen and review or make changes.
- If a user is unable to complete a renewal application (perhaps an emergency call is received), the information already entered will remain saved for 24 hours for the user to complete. However, if it is the same day as the expiration date of the certification, the partially completed application will only be saved until midnight of that date and the certificate will not be eligible for renewal after midnight.
- A renewal application is not complete until the user clicks on “Submit” at the end of the application. The user will receive an email confirming the application submission.

Questions may be directed to [ems-firecertifications@dps.ohio.gov](mailto:ems-firecertifications@dps.ohio.gov), or by calling 800-233-0785 during normal business hours.

This is the first screen of the online renewal system.  
Click "Continue" at the bottom of the screen.



The screenshot shows the homepage of the Ohio Emergency Medical Services (EMS) online renewal system. At the top left is the logo for EMS, featuring a Star of Life and the text "OHIO EMERGENCY MEDICAL SERVICES". The background is a faded image of a modern hospital building. The main heading reads "Welcome to the Division of Emergency Medical Services" followed by "EMS and Fire Certification Renewal". A dark red horizontal bar contains the text "How may we help you?". Below this, the text "Click continue button below to" is followed by a numbered list of four options: "1. Renew your Ohio EMS and/or Fire certification", "2. Update your contact information with the Ohio Division of EMS", "3. Update your affiliation information with the Ohio Division of EMS", and "4. View your pro-board application, if applicable". At the bottom left, a red oval button with the word "Continue" is highlighted with a thick orange border.

**EMS** OHIO EMERGENCY  
MEDICAL SERVICES

## Welcome to the Division of Emergency Medical Services

EMS and Fire Certification Renewal

How may we help you?

Click continue button below to

1. Renew your Ohio EMS and/or Fire certification
2. Update your contact information with the Ohio Division of EMS
3. Update your affiliation information with the Ohio Division of EMS
4. View your pro-board application, if applicable

Continue

First-time users: Do NOT insert email address or password, but instead, click on “[Register](#)” at the bottom of the box.

Previous users: If you have previously used the renewal system and already “registered” your account, you should insert your email and password and then click on “Log in.” Previous users may proceed to page 9 of this guide.

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 and Fire Certifications

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

Enter the requested information in each box and then click on “Register” at the bottom.

## ODPS Identity Manager

Single sign-on for the Ohio Department of Public Safety

Registration

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


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**

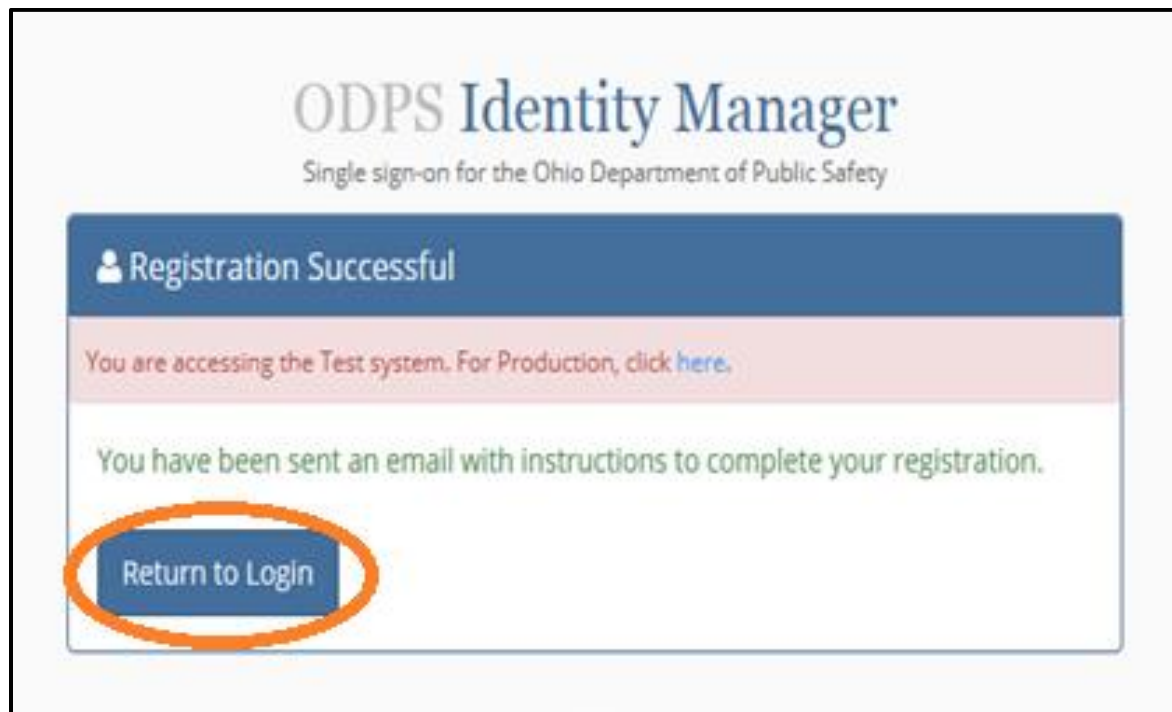
**Please enter the text from the image below**



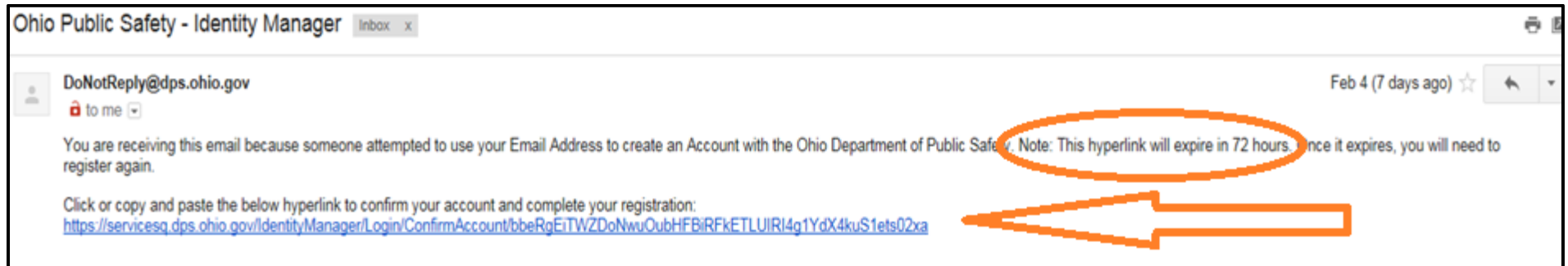
Not receiving an email? [Click here](#)

Cancel Register

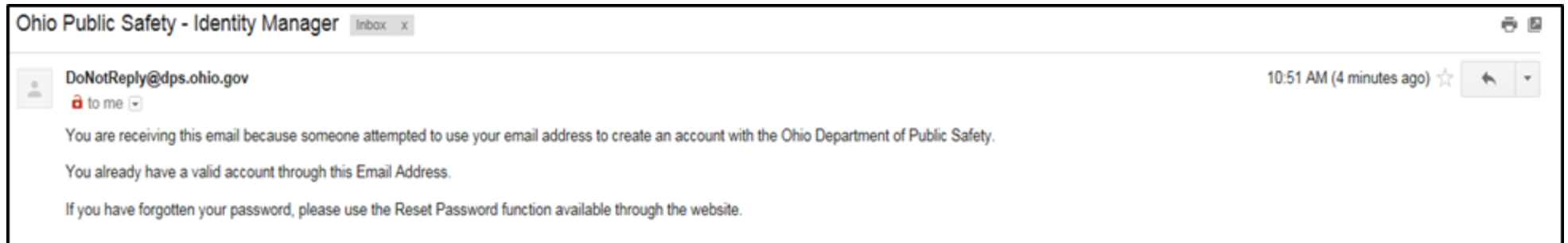
Open your email when you receive this message so that you may retrieve the link to continue. In most cases, the email will appear immediately, but sometimes it could take 10-15 minutes and your email may direct it to the Junk Mail or Spam. Check the Junk Mail and/or Spam boxes if you do not see the email in your Inbox. If you do not receive an email, call our Help Desk (614-752-6487), which is staffed 24/7. Advise the Help Desk you need assistance with the EMS and Fire Renewal System, as the Help Desk assists users with several applications.



Sample of email message you will receive the first time you set up your account. Follow the directions outlined in the email. Please note that this hyperlink expires in 72 hours and you may only open it once; therefore, please complete the registration process within 72 hours and as soon as you open the link. Otherwise, you will need to repeat the previous steps. Do not wait until the last day of your certification to renew.



Sample of email message you will receive if you try to set up an account that has already been established. Follow the directions in the email message. If you need assistance, call the Help Desk (614-752-6487) which is staffed 24/7. Advise the Help Desk you need assistance with the EMS and Fire Renewal System, as the Help Desk assists users with several applications.





When you open the hyperlink, you will be asked to confirm your account by entering and confirming your password, and by answering security questions. After you have answered the questions, click on “Register” again to complete the registration process. Please make note of your password and security questions for future use – you will need the password whenever you access this system, and the security questions will be required if you forget your password. If you have questions regarding setting up your Identity Manager account, contact the Help Desk (24/7) at 614-752-6487, and advise the representative you are using the EMS and Fire Renewal System.

**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**

**Register**

This is the beginning of the actual renewal process. Click on the top button: “Renew My Certification(s)”. In addition to renewing certifications, you will be able to conduct other business through this site, as denoted by the other buttons.

The screenshot displays the website for the Ohio Emergency Medical Services (EMS). The header includes the EMS logo, the text "OHIO EMERGENCY MEDICAL SERVICES", and "EMS and Fire providers". A user email address "testemsfire@gmail.com" is visible in the top right. Below the header is a navigation bar with a "Home" link. The main content area features a welcome message: "Welcome to the Division of Emergency Medical Services". A dark red banner below the welcome message contains the text "How may we help you?" on the left and "testems testFire (Certification Number: [input field])" on the right. The central focus is a list of service buttons: "Renew My Certification(s)", "Update Contact Information ONLY", "Update Affiliation ONLY", and "ProBoard Application(s)". The "Renew My Certification(s)" button is highlighted with an orange circle. At the bottom, there are two links for printing forms: "Print EMS Extension Form" and "Print Replacement Card Request Form", each accompanied by a PDF icon.

You are now ready to complete a renewal application for any certifications you have. If you have more than one certification, select one at a time by clicking on the “Renew” button shown with each certification. A separate application must be completed for each one.

The screenshot shows the Ohio EMS and Fire Certification Renewal web application. At the top left is the logo for EMS Ohio Emergency Medical Services. The header includes "OHIO EMERGENCY MEDICAL SERVICES" and "EMS and Fire providers". The user's email address, "testemsfire@gmail.com", is displayed in the top right. A breadcrumb trail shows "Home / Renewal Certification(s) / Submitted Application(s)". The main heading is "Ohio EMS and Fire Certification Renewal". Below this is a section titled "Certifications" with a sub-header "testems testFire (Certification Number: [redacted])". A message states: "Please select one certification at a time by clicking the Renew button." A table lists two certifications: "Basic EMT" (EMS) and "Firefighter II" (Fire), both with an expiration date of 3/1/2016. The "Renew" button for the Basic EMT certification is circled in orange. Below the table is a section titled "Renewal Applications Submitted" with the message: "No renewal applications submitted during current renewal cycle."

OHIO EMERGENCY MEDICAL SERVICES EMS and Fire providers testemsfire@gmail.com

Home / Renewal Certification(s) / Submitted Application(s)

### Ohio EMS and Fire Certification Renewal

**Certifications** testems testFire (Certification Number: [redacted])

Please select one certification at a time by clicking the Renew button.

Certification Type	Certification Name	Expiration Date		
EMS	Basic EMT	3/1/2016	<a href="#">Renew</a>	Available to renew until 3/1/2016
Fire	Firefighter II	3/1/2016	<a href="#">Renew</a>	Available to renew until 3/1/2016

**Renewal Applications Submitted**

No renewal applications submitted during current renewal cycle.

After you select “Renew”, you will see a message advising you of some documentation you will need IF you have any criminal history or pending charges to report. If you have all required documentation and you are ready to proceed, click on “Renew Now”. (If you need to gather the information, you should select “Renew Later” and log back in when you are ready.)

**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



Follow the instructions to verify this information. When finished, click “Next” to go to the next screen. If you must change your name, social security number or date of birth, your application will be submitted, but the Division of EMS staff will need to contact you to seek supporting documentation.

**EMS OHIO EMERGENCY MEDICAL SERVICES** EMS and Fire providers testemsfire@gmail.com

[Home](#) / [Renewal](#) / Verify Contact Information

**Renewal Application for Basic EMT (Certification Number: [REDACTED])**

### Verify Contact Information

\* Required

Please check the information below for inaccuracies. If everything is correct, enter your Social Security Number and click the "Next" button below to continue. Click [here](#) to make any changes to your information.

**Certification Number:** [REDACTED]

**Legal First Name\*** testems

**Legal Last Name\*** testFire

**Legal Middle Initial** Enter Middle Initial, if applicable

**Suffix** Jr.

**SSN\*** 546-75-1212

**Confirm SSN\*** 546-75-1212

**Date of Birth\*** 03/01/1950

**Primary Email** testemsfire@gmail.com [Why can't I edit my email?](#)

You may verify or update your contact information.  
Click "Next" when finished.

The screenshot displays the 'Verify & Update Contact Information' page for a Basic EMT renewal application. The page header includes the EMS logo, 'OHIO EMERGENCY MEDICAL SERVICES', and 'EMS and Fire providers'. A breadcrumb trail shows 'Home / Renewal / Verify & Update Contact Information'. A red banner at the top indicates the application type and certification number. The form contains several fields for contact details, with asterisks indicating required fields. A red asterisk legend is located on the right side of the form. At the bottom, there are 'Previous' and 'Next' navigation buttons, with the 'Next' button highlighted by an orange circle.

OHIO EMERGENCY MEDICAL SERVICES EMS and Fire providers testemsfire@gmail.com

Home / Renewal / Verify & Update Contact Information

Renewal Application for Basic EMT (Certification Number: [redacted])

### Verify & Update Contact Information

\* Required

Please verify and update the following information.

Home Address 1\* 1970 W. Broad St.

Home Address 2 Enter Address Line 2

City\* Columbus

State\* Ohio

Zip Code\* 43223

County of Residence\* Franklin

Home Phone Number Enter Phone

Cell Phone Number (614) 222-2222

Secondary Email testems33@ymail.com

Confirm Secondary Email testems33@ymail.com X

Third Email Enter Third Email

Confirm Third Email Confirm Third Email

< Previous Next >

You must mark at least one response regarding the Armed Forces. If you or your spouse have never been in the Armed Forces, please mark “None of Above”. Click “Next” when finished.

OHIO EMERGENCY MEDICAL SERVICES EMS and Fire providers testemfire@gmail.com

Home / Renewal / Armed Forces Information

Renewal Application for Basic EMT (Certification Number: [REDACTED])

### Armed Forces Information

Using the definition of armed forces provided, check all that apply and provide information requested. **Mark at least one response.**

"Armed forces" means the armed forces of the United States, including the army, navy, air force, marine corps, coast guard, or and 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. [Ohio Revised Code, section 5903.01]

I am a veteran of the armed forces, discharged / released under honorable conditions.  
Year of discharge / release: 1990 Required

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: yyyy

I am a surviving spouse of a service member or veteran, discharged / released under honorable condition.  
Year of veteran's discharge / release: yyyy

None of Above

Previous Next

If you answer “Yes” regarding having an affiliation, a “Search and Add Affiliation” button will appear so you can add your affiliation. If you answer “No”, simply click on next.

## EMS and Fire providers

[Home](#) / [Renewal](#) / [Renewal - Affiliation Information](#)

### Renewal Application for Emergency Medical Technician (Certification Number: [redacted])

#### Affiliation Information \* Required

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.

Are you now actively functioning as an EMS Provider? If YES, provide affiliation(s) for this certification.\*  Yes  No



You may search for your agency affiliation by the Ohio county name in which it's headquartered. After selecting the county, click on "Search" and a list will appear of possible agencies to select. If the system list does not have your agency listed, you may enter it manually by clicking on "+Add Manually" at the bottom of the screen.

**Search and Add Agency Affiliation** ✕

Please search for your agency/department by the Ohio county in which your agency is headquartered.

- If your agency is not headquartered in Ohio, select Non Ohio.
- If your agency is not shown on the list, then you will be able to enter it manually. Only enter it manually if it is not on the list.

County  ▼

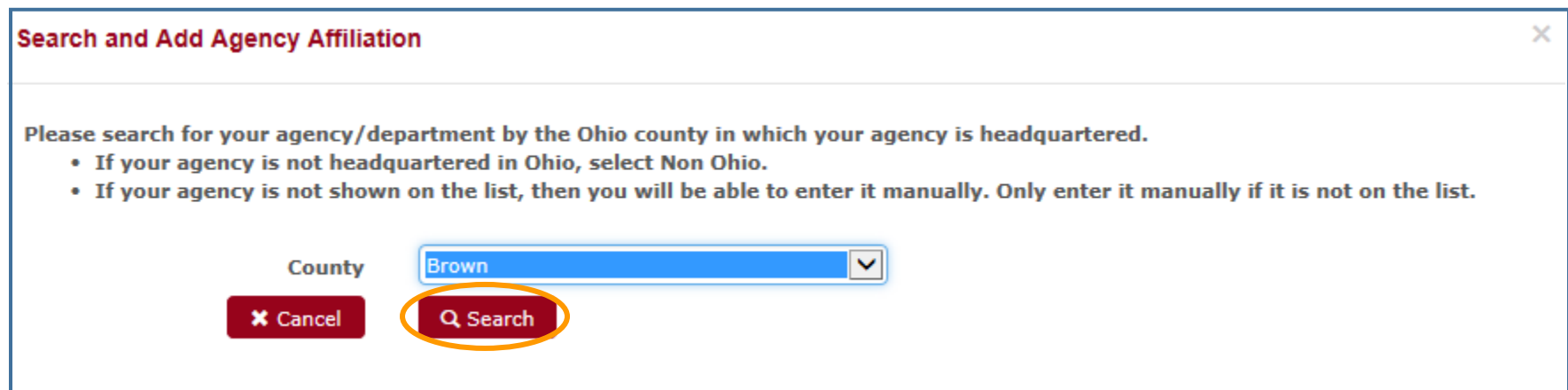


**Search and Add Agency Affiliation** ✕

Please search for your agency/department by the Ohio county in which your agency is headquartered.

- If your agency is not headquartered in Ohio, select Non Ohio.
- If your agency is not shown on the list, then you will be able to enter it manually. Only enter it manually if it is not on the list.

County  ▼



Sample of agency list by county. To add your affiliation, click on “+Add” beside your agency. If your agency is not on the list, click on “+Add Manually” at the bottom or “Cancel” at the top so you will be able to add it manually. Only enter it manually if the agency is not on the list.

### Search and Add Agency Affiliation ✕

Please search for your agency/department by the Ohio county in which your agency is headquartered.

- If your agency is not headquartered in Ohio, select Non Ohio.
- If your agency is not shown on the list, then you will be able to enter it manually. Only enter it manually if it is not on the list.

County  ▼

✕ Cancel 🔍 Search

#### Search Results

If your agency is listed, please click on the “Add” button next to your agency.

Name	County	Address	City	State	Zip Code	
Dundas Fire Dept	Vinton	35910 SR 324	Dundas	OH	45634	<span>+ Add</span>
Hamden Vol Fire Department	Vinton	48 Railroad Ave.	Hamden	OH	45634-0049	<span>+ Add</span>
Harrison Twp Fire Dept	Vinton	53029 Old US Rt. #50	Londonderry	OH	45647-8934	<span>+ Add</span>
McArthur Fire Department	Vinton					<span>+ Add</span>
Vinton County E.M.S.	Vinton	31931 St Rt 93	McArthur	OH	45651	<span>+ Add</span>
Wilkesville Vol Fire Dept	Vinton	Main Street PO Box 180	Wilkesville	OH	45695	<span>+ Add</span>
Zaleski Fire Department	Vinton			OH		<span>+ Add</span>

My agency is not listed and I need to add it manually.

+ Add Manually

To manually enter an affiliation that is not on the agency list, fill in the required information and then select “+Add” at the bottom. Only Ohio-based affiliations can be manually entered.

**Add New Agency** ✕

---

**Manually enter OHIO Agency** \* Required

**Agency Name\***

**Address 1\***

**Address 2**

**City\***

**Zip Code\***

**State**

**County\***  ▼

**Primary Affiliation\***  Yes  No

**Employee Type\***  Full-Time  Part-Time  Volunteer

Please answer the questions about your affiliation. To access the definition of full-time, part-time and volunteer, simply click on the “?” beside each level. Click on “Add” when you are finished.

**Agency Affiliation Details** ✕

Please provide additional details about your selected agency affiliation. \* Required

**Agency Name** Clinton Twp Fire Dept

**Primary Affiliation\***  Yes  No

**Employee Type\***

- Full-Time ?
- Part-Time ?
- Volunteer ?

✕ Cancel ✓ Add

This screen shows any affiliations you added for the certificate you are renewing. You may add more than one affiliation for each certification and you may add different affiliations for each certificate you have, if necessary. Click on “Next” when finished.

## EMS and Fire providers

[Home](#) / [Renewal](#) / [Renewal - Affiliation Information](#)

### Renewal Application for Emergency Medical Technician (Certification Number: )

**\* Required**

#### Affiliation Information

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.

Are you now actively functioning as an EMS Provider? If YES, provide affiliation(s) for this certification.\*  Yes  No

[Q Search and Add Affiliation](#)

#### Agency Affiliations

Agency Name	Address	City	State	Zip Code	County	Type	Primary	
XYZ Ambulance	222 Main Street	Fracture	OH	33333	Adams	Full-Time	Yes	<a href="#">Edit</a> <a href="#">Delete</a>
ABC Fire Department	222 Main Street	Fracture	OH	33333	Adams	Part-Time	No	<a href="#">Edit</a> <a href="#">Delete</a>

[← Previous](#) [Next →](#)

Sample renewal information screen for a firefighter. Different certificates will have different questions. Read each question carefully. This is a legal document. Click “Next” when finished.

**EMS** OHIO EMERGENCY MEDICAL SERVICES EMS and Fire providers

Home / Renewal / Renewal Information

**Renewal Application for Firefighter II (Certification Number: )**

### Renewal Information

\* Required

1. Have you completed all educational requirements for renewal of your certificate as required by Chapter 4765-20 of the Ohio Administrative Code (O.A.C.)?\*

Yes  No

2. Do you have any charges pending or have a conviction for a felony or a misdemeanor (other than a minor traffic violation)?\*

Yes  No

3. Have you had any fire certificate, in this or any other state, suspended, revoked, or placed under disciplinary sanction(s)?\*

Yes  No

[← Previous](#) [Next →](#)

Sample Renewal Information screen for an EMS provider. Different certificates will have different questions. Click “Next” when finished.

**OHIO EMERGENCY MEDICAL SERVICES** EMS and Fire providers testemsfire@gmail.com

Home / Renewal / Renewal Information

**Renewal Application for Basic EMT (Certification Number: [REDACTED])**

### Renewal Information

**\* Required**

1. Are you renewing at your present level?\*

Yes  No

2. I certify that I have completed all educational requirements for renewal of my certification as required by Ohio Administrative Code Chapter 4765-8.\*

Yes  No

(Note: You, as the certificate holder, are responsible for maintaining all supporting documentation.)

3. Do you, as the person accepting responsibility for 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

If **YES**, you must complete the **DECLARATION OF CRIMINAL HISTORY** section of this form and submit supporting documentation. Documentation should include a certified judgment entry from the court where conviction occurred, a certified copy of the police investigation report, and a background check.

4. 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


Depending on how you answer the renewal information questions, you may receive a pop-up message like this asking about your answer. Respond to one of the options and then click on “OK”.

**Please select the reason!**

You have answered **No** to having completed all educational requirements for renewal of your certification as required by Ohio Administrative Code Chapter 4765-8 before the expiration of your present certification.


Please select one of the following:

- I answered **No** by mistake and would like to return to the application to change my answer.
- I would like to exit this renewal application and apply for an extension to complete my educational requirements by using the Request for Extension of EMS Certificate, form EMS 0084.
- I would like to exit this application and not submit it at this time. I understand that the certificate will remain available to renew until the certificate expiration date.
- My answer is correct. I would like to finish the renewal application for this certificate and understand that my application will be referred to the EMS Investigation Section.





If you answer “Yes” to previous convictions or pending charges, this screen will appear. First, indicate which you are reporting and then select the appropriate “+Add” button on the right. Pay careful attention to additional documentation you will need to submit.

 **OHIO EMERGENCY MEDICAL SERVICES** EMS and Fire providers testemsfire@gmail.com

[Home](#) / [Renewal](#) / [DECLARATION OF CRIMINAL HISTORY / SUSPENSION / REVOCATION](#)

**Renewal Application for Firefighter II (Certification Number: [REDACTED])**

\* Required

### DECLARATION OF CRIMINAL HISTORY

I am reporting the following:

- Both Conviction(s) and Charge(s) Pending
- Charge(s) Pending
- Conviction(s)

**+ Add New Pending Charge**

Description of Charge(s)	Date of Arrest	Arresting Agency	Court (if known)
No Pending Charge Entered			

**+ Add New Conviction**

Criminal Conviction	Court Where Conviction Occurred	Conviction Date	Conviction Level	Arresting Police Agency
No Convictions Entered				

If you have been convicted of any felony, a misdemeanor committed in the course of practice, or a misdemeanor involving moral turpitude, you shall immediately provide the Division of Emergency Medical Services (EMS) with the following:

1. A civilian background check from the Bureau of Criminal Identifications & Investigations (BCI&I).
2. Certified copy of the police or law enforcement agency report, if applicable.
3. Certified copy of the judgment entry from the court in which the conviction occurred.

**NOTE: FAILURE TO PROVIDE THE REQUIRED DOCUMENTATION MAY RENDER YOUR APPLICATION INCOMPLETE. INCOMPLETE APPLICATIONS MAY NOT BE PROCESSED.**

**SUBMIT DOCUMENTATION TO:**  
OHIO DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF EMERGENCY MEDICAL SERVICES  
1970 West Broad Street, P.O. Box 182073  
Columbus, OH 43218-2073  
Phone: (800) 233-0785  
Fax: (614) 466-9461

If you have previously disclosed any of the above information to the Division of EMS, please list and explain any disciplinary action taken:

Enter information as required and then select “+Add” to continue. If you are entering BOTH convictions and pending charges, these boxes will appear one after the other on separate screens.

**Enter a New Conviction** ✕ Close

**\* Required**

Criminal Conviction\*

Court Where Conviction Occurred\*

Conviction Date\*

Conviction Level\*  Felony  Misdemeanor

Arresting Police Agency\*  ✕

**Enter a New Pending Charge** ✕ Close

**\* Required**

Description of Charge(s)\*

Date of Arrest\*

Arresting Agency\*  ✕

Court (if known)

If you answer “Yes” to any certificate being suspended, revoked, or placed under disciplinary sanctions, you will need to provide an explanation and then click “Next”.

**EMS OHIO EMERGENCY MEDICAL SERVICES** EMS and Fire providers

Home / Renewal / DECLARATION OF CRIMINAL HISTORY / SUSPENSION / REVOCATION

**Renewal Application for Fire Instructor (Certification Number: )** \* Required

### SUSPENSION / REVOCATION

Provide an explanation for the suspension or revocation of your certificate to practice or certificate to teach, in this state or any other state, and the date the action was taken:\*

In 2010, certificate was suspended due to not completing the required continuing education.

◀ Previous    Next ▶

This is a sample of the attestation you will need to acknowledge if you entered any convictions or pending charges. Attestations will vary depending on the certification. After reading the attestation, you will need to check the box and then click “Next”.

I affirm that I have not been convicted of any other felony or misdemeanor other than the one(s) disclosed herein. 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 Executive Director. I affirm that I am solely responsible for my certificate. I hereby give permission to the Ohio Department of Public Safety, Division of EMS, to verify any of the above information. \*

[< Previous](#) [Next >](#)

This is a sample of the application attestation at the end of the application. Attestations will vary depending on the certification. After reading the attestation, you will need to check the box and then click ONCE on “Submit Application” when you are finished. The button will change to “Submitting” to indicate the application is being processed. Once submission is complete, you will see the screen on the next page.

**EMS OHIO EMERGENCY MEDICAL SERVICES** EMS and Fire providers testemsfire@gmail.com ▾

[Home](#) / [Renewal](#) / ATTESTATION

**Renewal Application for Firefighter II (Certification Number: [redacted])**

\* Required

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

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 constitutes falsification under Section 2921.13 of the Ohio Revised Code 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 a certificate at the level sought in this application, as set forth in Section 4765.55 of the Ohio Revised Code and Chapter 4765-20 of the Ohio Administrative Code. 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 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. \*

[← Previous](#) [Submit Application](#)

After you submit your application, the system will return to this screen where you can select another certificate to renew (if any) or you may view any applications already submitted. The status of the application will be “Pending” or “Needs Approval”. The status definitions are listed at the bottom of the screen.

The screenshot shows the Ohio EMS and Fire Certification Renewal web application. At the top left is the logo for EMS (Ohio Emergency Medical Services) and the text "OHIO EMERGENCY MEDICAL SERVICES" and "EMS and Fire providers". Below the logo is a breadcrumb trail: "Home / Renewal Certification(s) / Submitted Application(s)". The main heading is "Ohio EMS and Fire Certification Renewal".

Under the heading, there is a section titled "Certifications" with a sub-header "(Certification Number: [redacted])". Below this is a instruction: "Please select one certification at a time by clicking the Renew button." A table lists the available certifications:

Certification Type	Certification Name	Expiration Date		
Fire	Firefighter II	4/26/2016	<a href="#">Renew</a>	Available to renew until 4/26/2016

Below the table is a section titled "Renewal Applications Submitted" with a sub-header "Renewal applications submitted during current renewal cycle". A table lists the submitted applications:

Certification Name	Date Submitted	Status*	
Emergency Medical Technician	4/15/2016	Needs Approval	<a href="#">View Application</a>

At the bottom, there are two explanatory notes:

- \* **Pending** means the certification will become active on the effective date (your birthday). You will receive a new certification card within 7-10 days after it becomes active.
- \* **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).

Sample of application submitted. Your contact information will appear. You may print this application for your records if you wish. It only will be available to print until the renewed certificate becomes active on your birthday.

OHIO DEPARTMENT OF PUBLIC SAFETY DIVISION OF EMERGENCY MEDICAL SERVICES			
<b>EMS RENEWAL APPLICATION</b>			
Ohio Certification #: Level of Certification: Emergency Medical Technician Expiration Date: 4/26/2016			
<b>PERSONAL INFORMATION</b>			
LEGAL LAST NAME	LEGAL FIRST NAME	LEGAL MI	SUFFIX
HOME ADDRESS 1		HOME ADDRESS 2	
CITY	STATE Ohio	ZIP CODE 43250	COUNTY OF RESIDENCE Clinton
HOME PHONE NUMBER		CELL PHONE NUMBER	
PRIMARY E-MAIL ADDRESS	SECONDARY E-MAIL ADDRESS	THIRD E-MAIL ADDRESS	
SOCIAL SECURITY NUMBER ON FILE	<small>Disclosure of Social Security number is mandatory pursuant to section 3123.50 of the Ohio Revised Code in furtherance of licensing provisions and any other state or federal requirements.</small>	DATE OF BIRTH 3/26/1980	
<b>ARMED FORCES INFORMATION</b>			
Using the definition of armed forces provided, check all that apply and provide information requested.			
<small>"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)</small>			
<input type="checkbox"/> I am a veteran of the armed forces, discharged / released under honorable conditions. Year of discharge / release _____			
<input checked="" type="checkbox"/> I am a current member of the armed forces.			
<input type="checkbox"/> 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 _____			
<input type="checkbox"/> I am a surviving spouse of a service member or veteran, discharged / released under honorable conditions. Year of veteran's discharge / release _____			
<input type="checkbox"/> None of the above.			
<b>AFFILIATION INFORMATION</b>			
XYZ Ambulance 222 Main Street Fracture OH 33333		Is Primary Affiliation? YES Full-Time	
ABC Fire Department 222 Main Street Fracture OH 33333		Is Primary Affiliation? NO Part-Time	
<b>RENEWAL INFORMATION</b>			
1. Are you renewing at your present level? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> ADVANCED EMERGENCY MEDICAL TECHNICIAN <input checked="" type="checkbox"/> EMERGENCY MEDICAL TECHNICIAN <input type="checkbox"/> EMERGENCY MEDICAL RESPONDER			
2. I certify that I have completed all educational requirements for renewal of my certification as required by Ohio Administrative Code Chapter 4765-8. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO    Note: <b>You</b> , as the certificate holder, are responsible for maintaining all supporting documentation.			
3. Do you, as the person accepting responsibility for 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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
4. 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)? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
<b>SUSPENSION / REVOCATION</b>			
Provide an explanation for the suspension or revocation of your certificate to practice or certificate to teach, in this state or any other state, and the date the action was taken:			
Certificate was suspended due to not completing the required continuing education.			
<b>APPLICATION ATTESTATION</b>			
<input checked="" type="checkbox"/> 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.			
DATE: <u>4/15/2016</u>			

Sample of email message you will receive confirming which certification(s) you have renewed. The message will change if your application is in “Needs Approval” status.

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

Sent: Friday, March 25, 2016 10:52:12 AM (UTC-05:00) Eastern Time (US & Canada)

To: '

Subject: [Redirected from QA] Renewal Application Submitted

Your Fire Safety Inspector certification renewal application has been successfully submitted. A new certification card will be printed and sent to you after it becomes effective on your birthday. If you do not receive your certification card in the mail within two weeks of your birthday, please contact the Division of EMS: 1-800-233-0785.

Thank you,  
EMS Certifications