



OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

FIRE, FIRE SAFETY INSPECTOR, AND / OR LIVE FIRE
INSTRUCTOR REINSTATEMENT APPLICATION

Incomplete applications WILL NOT be processed. Required fields, as indicated by an asterisk (*), must be completed.
(Please print legibly and use black or blue ink.)

The purpose of this form is to apply for reinstatement of an expired, voluntarily surrendered, or revoked Fire Instructor, Fire Safety Inspector
Instructor, and / or Live Fire Instructor certificate to teach. For information on reinstatement requirements, please visit our webpage at
www.ems.ohio.gov.

Form with fields: DO YOU HAVE A CURRENT OHIO EMS OR FIRE CERTIFICATION?*, IF YES, OHIO CERTIFICATION NUMBER*, LEGAL LAST NAME*, LEGAL FIRST NAME*, LEGAL MIDDLE INITIAL, SUFFIX, HOME ADDRESS (STREET)*, P.O. BOX, CITY*, STATE*, ZIP CODE*, COUNTY OF RESIDENCE, HOME PHONE NUMBER, WORK PHONE NUMBER, CELL PHONE NUMBER, E-MAIL ADDRESS*, SECONDARY E-MAIL ADDRESS, SOCIAL SECURITY NUMBER*, DATE OF BIRTH*, CERTIFICATION NUMBER*, CERTIFICATION EXPIRATION DATE*, CERTIFICATION REVOCATION DATE*, EXPIRED / REVOKED / SURRENDERED CERTIFICATE(S)*, SELECT THE CERTIFICATE(S) YOU WISH TO REINSTATE*

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.
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.

You must answer the following questions for your application to be considered:*
1. Do you have any charges pending or have a conviction for a felony or a misdemeanor (other than minor traffic violation)?*
2. Has your fire certificate, in this or any other state, ever been suspended, revoked, or placed under disciplinary sanctions?*

LIST FIRE AFFILIATION(S) (if any) *If more room is needed, please attach separate sheet.*

DEPARTMENT / AGENCY NAME			
ADDRESS (STREET)	CITY	STATE	COUNTY
PRIMARY AFFILIATION? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> VOLUNTEER (See definitions below)			

Full-time means a person who provides services for this organization on a full-time basis and receives more than nominal compensation for the provision of services.
Part-time means a person who provides services for this organization on less than a full-time basis, is routinely scheduled to be present on site at a station or other designated location for purposes of responding to an emergency, and receives more than nominal compensation for the provision of services.
Volunteer means a person who provides services for this organization either for no compensation or for compensation that does not exceed the actual expenses incurred in providing the services or in training to provide the services.

I have attached proof of the required continuing education that shows approval by my fire chief or the program director of an Ohio-chartered fire training program.

APPLICANT 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 application constitutes 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 a certificate at the levels sought in this application as set forth in Section 4765.55 of the R.C. and Chapter 4765-21 of the Ohio Administrative Code (O.A.C.). 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.

APPLICANT SIGNATURE*	DATE
X	

TO BE COMPLETED BY OHIO-CHARTERED FIRE TRAINING PROGRAM (for Fire Instructor and / or Fire Safety Inspector Instructor)

INSTRUCTOR TRAINER*	TRAINER CERTIFICATION NUMBER*	COURSE OR MODULE TAUGHT*	DATE COMPLETED*
INSTRUCTOR TRAINER*	TRAINER CERTIFICATION NUMBER*	COURSE OR MODULE TAUGHT*	DATE COMPLETED*

INSTRUCTOR TRAINER*	SUPERVISED TEACHING DATES*				TOTAL HOURS*
	FROM	TO	FROM	TO	
TRAINER CERTIFICATION NUMBER*	FROM	TO	FROM	TO	

I hereby attest that the above named applicant has completed all training requirements in accordance with Chapters 4765-21 and 4765-24 of O.A.C. for the certificate(s) at the level sought in this application and has been issued the certificate(s) of completion.

PRINT PROGRAM DIRECTOR NAME*	
PROGRAM DIRECTOR SIGNATURE*	DATE
X	
FIRE CHARTER PROGRAM*	FIRE CHARTER NUMBER*

OFFICE USE ONLY

WRITTEN EXAMINATION DATE	CHARTER #	<input type="checkbox"/> CE APPROVED BY: _____ <input type="checkbox"/> CE DISAPPROVED BY: _____
WRITTEN EXAMINATION RESULT		
PRACTICAL EXAMINATION DATE	CHARTER #	
PRACTICAL EXAMINATION RESULT		

Return To:

OHIO DEPARTMENT OF PUBLIC SAFETY
 DIVISION OF EMERGENCY MEDICAL SERVICES
 1970 West Broad Street
 P.O. Box 182073
 Columbus, OH 43218-2073
 or fax to: (614) 466-9461
 or e-mail to: ems-firecertifications@dps.ohio.gov
 For questions please contact us at: (800) 233-0785

DECLARATION OF CRIMINAL HISTORY

INSTRUCTIONS: All Information **MUST** be included. Print legibly and use black or blue ink. Complete the form in its entirety pursuant to R.C. Chapter 4765.

LEGAL LAST NAME*	LEGAL FIRST NAME*	LEGAL MIDDLE INITIAL	SUFFIX
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CRIMINAL HISTORY INFORMATION

CRIMINAL CONVICTION	COURT WHERE CONVICTION OCCURRED	CONVICTION DATE	CONVICTION MISDEMEANOR / FELONY LEVEL	ARRESTING LAW ENFORCEMENT AGENCY

- I. If you have been convicted of any felony, a misdemeanor committed in the course of practice, or a misdemeanor involving moral turpitude, you shall provide the Division of Emergency Medical Services with all of 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.**
- II. If you have previously disclosed any of the above information to the Division of EMS, please explain below to include when you reported the conviction(s) and submitted the documentation to the Division of EMS, and disposition taken by the Executive Director.*

- III. Provide an explanation for the suspension, revocation, or other disciplinary sanction(s) issued against your certificate(s), name of the agency that took the disciplinary action and the date the action was taken.*

ATTESTATION:

I affirm that I have not been convicted of any other felony or misdemeanor other than the one(s) disclosed herein. I attest that all information provided is true and accurate to the best of my knowledge. I understand that a false statement on this application constitutes 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 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.

APPLICANT'S SIGNATURE*	DATE*
X	