



OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

AMBULETTE EMPLOYEE FILES

Use this checklist to track that you have adequate documentation of each driver's / operator's requirements as set forth in Ohio Administrative Code (O.A.C.) rule 4766-3-13.

EMPLOYEE INFORMATION

LEGAL LAST NAME	LEGAL FIRST NAME	LEGAL MIDDLE NAME	DATE OF HIRE
1. COPY OF VALID DRIVER'S LICENSE* Issuing State _____ Expiration Date: __/__/__			<input type="checkbox"/> YES <input type="checkbox"/> NO
Driver is older than 18 years-of-age.			<input type="checkbox"/> YES <input type="checkbox"/> NO
Driver has a minimum of two years of driving experience. * Out of State License is Acceptable			<input type="checkbox"/> YES <input type="checkbox"/> NO
2. COPY OF A CERTIFIED DRIVERS ABSTRACT FROM THE BMV * Required Annually			<input type="checkbox"/> YES <input type="checkbox"/> NO
Date abstract was run: __/__/__ Abstract from: Ohio BMV _____ or Out of state BMV _____			<input type="checkbox"/> YES <input type="checkbox"/> NO
Abstract is dated no more than 14 calendar days prior to the date of application for employment.			<input type="checkbox"/> YES <input type="checkbox"/> NO
Driver has no more than 5 points.			<input type="checkbox"/> YES <input type="checkbox"/> NO
Documentation from the insurance carrier provided in lieu of BMV abstract (Document must list driver's license name and verify eligibility)			<input type="checkbox"/> YES <input type="checkbox"/> NO
*Abstract and driver's license MUST be issued by the same state.			
3. / 4. COPY OF CERTIFICATIONS			
CPR Certification: <input type="checkbox"/> AHA <input type="checkbox"/> Red Cross <input type="checkbox"/> ASHI Other _____ Expiration Date: __/__/__			<input type="checkbox"/> YES <input type="checkbox"/> NO
First Aid Certification: <input type="checkbox"/> AHA <input type="checkbox"/> Red Cross <input type="checkbox"/> ASHI Other _____ Expiration Date: __/__/__			<input type="checkbox"/> YES <input type="checkbox"/> NO
*Current Ohio Certification: <input type="checkbox"/> EMR <input type="checkbox"/> EMT <input type="checkbox"/> Advanced EMT <input type="checkbox"/> Paramedic Expiration Date: __/__/__			<input type="checkbox"/> YES <input type="checkbox"/> NO
5. / 6. PASSENGER ASSISTANCE COURSE COMPLETION			
Course Name: _____ Date Completed: __/__/__			<input type="checkbox"/> YES <input type="checkbox"/> NO
Documentation of hands on training			<input type="checkbox"/> YES <input type="checkbox"/> NO
Board approval letter for self-developed course			<input type="checkbox"/> YES <input type="checkbox"/> NO
7. COPY OF VALID CRIMINAL BACKGROUND CHECK			
<input type="checkbox"/> Ohio BCI <input type="checkbox"/> *FBI Expiration Date: __/__/__			<input type="checkbox"/> YES <input type="checkbox"/> NO
*Must have FBI check if employee resides outside Ohio or has not lived in Ohio for 5 years or longer.			
8. COPY OF PHYSICIAN STATEMENT			
Physician's statement certifying that the driver has no medical, physical, or vision impairments that would affect the performance of the job.			<input type="checkbox"/> YES <input type="checkbox"/> NO
9. COPY OF VALID DRUG TEST (Pre-employment and Post accident)			<input type="checkbox"/> YES <input type="checkbox"/> NO
COPY OF VALID ALCOHOL TEST (Pre-employment and Post accident)			<input type="checkbox"/> YES <input type="checkbox"/> NO
10. DRIVER ID BADGE			
Service Name and First Name and Last Initial OR Service Name and Employee Number			<input type="checkbox"/> YES <input type="checkbox"/> NO

Sections 1, 2, 8, 9, and 10 must be completed within 14 days from the date of hire.
Sections 3, 4, 5, 6, and 7 must be completed within 60 days from the date of hire.