Dear EMS Reciprocity Candidate:

Thank you for your interest in providing emergency medical care in Ohio. Attached is the reciprocity application you requested.

An applicant for an Ohio certificate to practice must have completed a U.S. D.O.T. National Standard Curriculum course of instruction, which is substantially similar to the curriculum requirements of Ohio. If there are any areas of deficiency identified in the curriculum or certification standards, you will be required to correct these deficiencies through an Ohio accredited training institution prior to receiving a certificate to practice. (A complete listing of accredited facilities is available on our Web site at https://services.dps.ohio.gov/EMSSchools/TrainingFacility/.)

NOTE: Any candidate with areas of deficiencies will be notified by the Division of EMS. In the event that you require additional training, the division shall provide you with the appropriate documents that you will need to provide to the training facility personnel.

Applicants who completed training in another state:

- Complete the reciprocity application and attach a copy of a current state certification and a valid National Registry card at the level for which certification is sought.
- The Verification Form is to be forwarded (by the candidate) to the state certifying agency of the state in which initial training was completed, as well as any other state in which you hold, or have ever held, certification. The verification form will be used to determine if additional course work is needed to meet Ohio curriculum requirements.
- Mail all documents (application, state card, National Registry card, and $75.00 check or money order payable to Ohio Treasurer of State) to the address listed on the letterhead.

Applicants who are or were a member of the United States armed services and who received their EMT training while in the military:

- Complete the reciprocity application and attach a copy of a valid National Registry card at the level for which certification is sought. Proof of military membership (DD Form 214, current military ID badge, statement of service) or proof of armed services training is required at the time the application is submitted. If you are a Department of Defense (DOD) candidate, a valid letter from the Directorate of Personnel attesting that you have military affiliation must accompany the initial submission of the application.
- The Verification Form is to be forwarded for completion to the military site where training was conducted. A copy of the course outline, including topic areas and hours of instruction in each topic area, must be included with the form. The verification form, and course information, will be used to determine if additional course work is needed to meet Ohio curriculum requirements.
- Mail all documents (application, National Registry card, proof of military status, completed Verification Form, course outline, and a DMA Form) to the address listed on the letterhead.

Please review the application carefully before submitting to ensure the application is complete and all the required documentation is attached. All documentation must be submitted before your application can be processed. You may not function as an EMT in Ohio until you have been issued an Ohio certificate to practice.

*** NOTE: The information submitted to the Division of EMS will remain ‘active’ for a period of six (6) months. Should your application process require additional time, you must contact the division and obtain a new candidate application form.

If you have any questions regarding the application process, please contact the Ohio Division of EMS at the address and phone numbers listed on the letterhead.
Please refer to the initial application for clarification of needed information.

Application Procedure:

Documentation Needed:

Before mailing, did you

A Complete the application in its entirety (both front and back)?

☐ Complete Part I of the Verification Form, then forward it to the state (or military installation) where you received your original training, as well as any other state(s) that you have held (or currently hold) certificates?

☐ Copy your National Registry certification and attach it to the application?

☐ Copy your current state(s) certification and attach it to the application?

☐ If military personnel, copy your military DD214 or current Military ID Badge and attach it to the application?

☐ Include a check or money order in the amount of $75.00 made payable to Ohio Treasurer of State.

Upon evaluation of all documentation, EMT-Basics and Intermediates may need to achieve additional training to meet the requirements in the State of Ohio. Applicant submissions and the Verification Form(s) will be the determining factor in the necessity for additional training. If additional training is required, the Division of EMS will provide you with the appropriate forms that will be necessary for completion.
OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

EMS RECIPROCITY APPLICATION

Please Print Use Ink

SECTION 1 – GENERAL INFORMATION

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

Disclosure of social security number is mandatory pursuant to Ohio Revised Code (R.C.) 3123.50 in furtherance of licensing provision and any other state or federal requirements.

DATE OF BIRTH

LEVEL FOR WHICH YOU ARE APPLYING

☐ Emergency Medical Responder (EMR) ☐ Emergency Medical Technician (EMT) ☐ Advanced EMT (AEMT) ☐ Paramedic

DO YOU HAVE A CURRENT OR EXPIRED OHIO EMS OR FIRE CERTIFICATION?*

☐ Yes ☐ No

IF YES, OHIO CERTIFICATION NUMBER

ARMED FORCES INFORMATION*

Mark at least one response.

Using the definition of armed forces provided, check all that apply and provide information requested.

"Armed forces" means the armed forces of the United States, including the army, navy, air force, marine corps, coast guard, or any reserve components of those forces; the national guard of any state; the commissioned corps of the United States public health service; the merchant marine service during wartime; such other service as may be designated by congress; or the Ohio organized militia when engaged in full-time national guard duty for a period of more than thirty days. (R.C. section 5903.01)

☐ I am a veteran of the armed forces, discharged/released under honorable conditions.

Year of discharge/release ______________________

☐ I am a current member of the armed forces.

☐ I am a spouse of a current member of the armed forces or a veteran, discharged/released under honorable conditions.

Year of veteran’s discharge/release ______________________

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

Year of veteran’s discharge/release ______________________

☐ None of the above.

SECTION 2 – EDUCATION AND TRAINING INFORMATION

OUT OF STATE EMS CERTIFICATE NUMBER | EXPIRATION DATE | LEVEL

NATIONAL REGISTRY OF EMTS CERTIFICATE NUMBER | EXPIRATION DATE | LEVEL

COPIES OF THE ABOVE CARD(S) MUST ACCOMPANY APPLICATION

STATE IN WHICH YOU RECEIVED YOUR INITIAL TRAINING

DATE

STATE(S) IN WHICH YOU RENEWED YOUR CERTIFICATION

DATE(S)

OTHER STATE(S) IN WHICH YOU HAVE HELD CERTIFICATION:

DATE LAST HELD

NUMBER OF CONTINUING EDUCATION HOURS YOU HAVE ACCUMULATED SINCE YOUR LAST CERTIFICATION EXAM OR RENEWAL:

MILITARY PERSONNEL ONLY

MILITARY BRANCH | EMS TRAINING OBTAINED AT | CONTACT PERSONNEL / DIVISION | PHONE NUMBER

Copies of the National Registry EMT card, and appropriate military documentation, must accompany application (e.g., DD214 or military ID badge)
### SECTION 2 – (Continued) EDUCATION AND TRAINING INFORMATION

Paramedic Applicants – Please skip to Section 3

EMR, EMT and AEMT– Please mark the skills that were included in your training:

<table>
<thead>
<tr>
<th>EMR</th>
<th>EMT</th>
<th>AEMT</th>
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<tbody>
<tr>
<td>□ Automated External Defibrillator</td>
<td>□ Automated External Defibrillator</td>
<td>□ Automated External Defibrillator</td>
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<td>□ Epinephrine Auto-Injector</td>
<td>□ Epinephrine Auto-Injector</td>
<td>□ Manual Defibrillation</td>
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<td>□ Oxygen Administration</td>
<td>□ Dual Lumen Airway</td>
<td>□ Epinephrine Auto-Injector</td>
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<td></td>
<td>□ Nasal Gastric Tube Insertion</td>
<td>□ Dual Lumen Airway</td>
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<td></td>
<td>□ Adult Endotracheal Intubation</td>
<td>□ Nasal Gastric Tube Insertion</td>
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<tr>
<td></td>
<td>□ Pedi. Endotracheal Intubation</td>
<td>□ Adult Endotracheal Intubation</td>
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**NOTE:** If your training did not include the above skills, you will have to complete the training at an accredited training institution in Ohio PRIOR to receiving Ohio Certification

### SECTION 3 – CERTIFICATION HISTORY

Have you ever:

- Had disciplinary action taken against your EMS personnel certification? □ Yes □ No
- Been suspended/revoked in any state? □ Yes □ No
- Been denied certification in any state? □ Yes □ No

If yes, list which state(s): __________________________

### SECTION 4 – FELONY / MISDEMEANOR INFORMATION (All applicants are required to complete this section)

ALL APPLICANTS ARE SOLELY RESPONSIBLE FOR THEIR CERTIFICATE TO PRACTICE AND ALL ASSOCIATED REQUIREMENTS TO MAINTAIN A CURRENT CERTIFICATION.

1. Do you, as the person accepting responsibility by signing this form, have charges pending or have a conviction for a felony or misdemeanor other than a minor traffic violation or a judicial finding of eligibility for treatment in lieu of conviction? □ Yes □ No

2. Have you committed any act in another state that, if committed in Ohio would be applicable to caption (1.) listed above? □ Yes □ No

*If you answered “yes” to either question above, then you must submit documentation and court records to explain the circumstances in your case. Documentation should include a certified judgment entry from the court where the conviction occurred and a copy of the law enforcement investigative report.*

### SECTION 5 – ATTESTED SIGNATURE AND DATE

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 may constitute falsification under Section 2921.13 of the R.C. and is a misdemeanor of the first degree. Any false statement may also be grounds for denial, suspension, revocation, or other disciplinary action taken against my certificate, as determined by the 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 Section 4765.30 of the R.C. and Chapter 4765-8 of the Ohio Administrative Code (O.A.C.). I am solely responsible for my certificate. I understand that I must maintain records relating to the requirements for continuing education. Such records are subject to audit by the Division of EMS as directed by the Ohio State Board of EMFTS. I hereby give permission to the Ohio Department of Public Safety, Division of EMS to verify any of the above information.

**SIGNATURE**

X

**DATE**
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.

<table>
<thead>
<tr>
<th>LEGAL LAST NAME*</th>
<th>LEGAL FIRST NAME*</th>
<th>LEGAL MIDDLE INITIAL</th>
<th>SUFFIX</th>
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CRIMINAL HISTORY INFORMATION*

<table>
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<tr>
<th>CRIMINAL CONVICTION</th>
<th>COURT WHERE CONVICTION OCCURRED</th>
<th>CONVICTION DATE</th>
<th>CONVICTION MISDEMEANOR / FELONY LEVEL</th>
<th>ARRESTING LAW ENFORCEMENT AGENCY</th>
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I. If you have been convicted of any felony or a misdemeanor other than a minor traffic offense, you shall provide the Division of 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; and
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 to the Division of EMS the information included in item numbered (I) and disposition taken by the Ohio State Board of EMFTS.*

III. Provide an explanation for the suspension, revocation, or other disciplinary sanction(s) issued against your certificate(s) to include the 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 may constitute falsification under Section 2921.13 of the R.C. and is a misdemeanor of the first degree. Any false statement may also be grounds for denial, suspension, revocation, or other disciplinary action taken against my certificate as determined by the Ohio State Board of EMFTS. 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 *

X

DATE
Applicants with out-of-state certification are to complete Part I and mail this form to the issuing state certification board. Part II is to be completed by the state certifying agency. **This form must be forwarded to the state where initial training was completed, as well as any other state the applicant has held or currently holds EMT certification.**

**PART I. - TO BE COMPLETED BY APPLICANT**

<table>
<thead>
<tr>
<th>PLEASE INDICATE THE LEVEL OF CERTIFICATION FOR WHICH YOU ARE REQUESTING VERIFICATION:</th>
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<tbody>
<tr>
<td>☐ Emergency Medical Responder (EMR)</td>
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<table>
<thead>
<tr>
<th>APPLICANT’S FULL NAME – FIRST</th>
<th>MIDDLE</th>
<th>LAST</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>CERTIFICATION / LICENSE NUMBER</th>
<th>STATE</th>
<th>EXPIRATION DATE</th>
<th>SOCIAL SECURITY NUMBER</th>
</tr>
</thead>
</table>

**ARMED SERVICES APPLICANTS** – have form completed by training officer at site where training was completed. You MUST attach a copy of course outline with number of hours in each topic area. If training was completed at more than one site, forward a copy of this form to each site from which credit for training is sought.

**PART II. - TO BE COMPLETED BY THE STATE CERTIFYING AGENCY**

<table>
<thead>
<tr>
<th>CERTIFICATION / LICENSE TYPE</th>
<th>NUMBER</th>
<th>EXPIRATION DATE</th>
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</thead>
<tbody>
<tr>
<td>EMR</td>
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<tr>
<td>EMT</td>
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</tr>
<tr>
<td>AEMT</td>
<td>☐ ‘85</td>
<td>☐ ‘99</td>
</tr>
<tr>
<td>Paramedic</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>CERTIFICATION / LICENSE STATUS</th>
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<tbody>
<tr>
<td>☐ Current</td>
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</tbody>
</table>

**THE ABOVE CERTIFICATION / LICENSE WAS ISSUED BASED UPON:**

| ☐ Initial training completed within your state | ☐ Recertification through continuing education |
| ☐ Reciprocity from (state): __________________ | ☐ Other (please explain): ____________________ |

**DID THE TRAINING MEET USDOT CURRICULUM GUIDELINES?**

| ☐ Yes | ☐ No |

Total number of hours in training: __________________

**HAS THE APPLICANT INCURRED ANY DISCIPLINARY PROCEEDING IN YOUR STATE, OR ARE THERE DISCIPLINARY PROCEEDINGS PENDING?**

| ☐ Yes (if yes, please attach certified copies of any actions) | ☐ No |

**HAS THE APPLICANT’S CERTIFICATION / LICENSE EVER BEEN LIMITED, DENIED, SURRENDERED, REPRIMANDED, SUSPENDED OR REVOKED?**

| ☐ Yes (if yes, please attach certified copies of any actions) | ☐ No |

**HAS THE APPLICANT EVER BEEN CONVICTED OF A FELONY?**

| ☐ Yes (if yes, please explain): __________________ |
| ☐ No | ☐ Unknown |
DO YOU KNOW OF ANY REASON WHY CERTIFICATION IN OHIO SHOULD BE DENIED?

- Yes (if yes, please explain): 
- No

IF APPLYING FOR EMR, DID THE APPLICANT’S TRAINING INCLUDE THE FOLLOWING (check the appropriate box/es):

- Automated External Defibrillation (AED)
- Oxygen Administration
- Epinephrine Administration (Epi-pen)

IF APPLYING FOR EMT, DID THE APPLICANT’S TRAINING INCLUDE THE FOLLOWING (check the appropriate box/es):

- Automated External Defibrillation (AED)
- Epinephrine Administration (Epi-pen)
- Endotracheal Intubation – Adult
- Endotracheal Intubation – Pediatric
- Nasal Gastric Tube Insertion

IF APPLYING FOR AEMT, DID THE APPLICANT’S TRAINING INCLUDE THE FOLLOWING (check the appropriate box/es):

- Automated External Defibrillation (AED)
- Epinephrine Administration (Epi Pen)
- Manual Defibrillation
- Epinephrine Administration (Subcutaneous)
- Endotracheal Intubation - Adult
- Endotracheal Intubation – Pediatric
- Dual Lumen Airway
- Nasal Gastric Tube Insertion
- Peripheral IV’s
- Intraosseous Infusion
- Medication administration other than O₂ and epinephrine

<table>
<thead>
<tr>
<th>NAME (PRINT) OF STATE / MILITARY OFFICIAL COMPLETING THIS FORM</th>
<th>TITLE OF OFFICIAL</th>
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<tbody>
<tr>
<td>SIGNATURE OF ABOVE OFFICIAL</td>
<td>TELEPHONE NUMBER OF ABOVE OFFICIAL</td>
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<tr>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

PLEASE RETURN TO:
Division of Emergency Medical Services
1970 West Broad Street
P.O. Box 182073
Columbus, Ohio 43218-2073
Phone (800) 233-0785 Fax (614) 466-9461