

OHIO DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF EMERGENCY MEDICAL SERVICES



**FIRE CHARTER RENEWAL APPLICATION**

PROGRAM NAME

CHARTER NUMBER



OHIO DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF EMERGENCY MEDICAL SERVICES

## FIRE CHARTER RENEWAL APPLICATION

### The Fire Charter Application

Each institution applying for a fire charter to provide firefighter, fire safety inspector, and instructor training is required to complete this application. The criteria used in the evaluation is based upon the Ohio Revised Code (R.C.) Section 4765.55 and rules promulgated by the Executive Director, with the advice and counsel of the Firefighter and Fire Safety Inspector Training Committee, in the provisions of Ohio Administrative Code (O.A.C.) 4765. Additionally, each institution will have to specify which classification levels that the institution wishes to teach.

The ultimate goal of a fire charter application process is to help a training program attain its own goal - providing a quality educational experience for students to become competent fire service providers and instructors. The effectiveness of a fire charter application process depends upon the fire training program's honest, self-reflective analysis of its strengths and challenges based upon the approved standards. The answers should be prepared in clear and concise language and respond to each of the questions asked. Programs that intend to offer fire service education at the secondary school level must include relevant documentation as part of their application.

### Completing the Fire Charter Application

The application is divided into six sections. Each section requires the applicant to determine if the program is in compliance with the specific requirements found in R.C. and O.A.C. It is the responsibility of the applicant to submit a complete and accurate application consistent with R.C. and O.A.C. requirements.

1. A review of the following R.C. section and O.A.C. chapters will provide assistance in completing the application.
  - a. R.C. 4765.55 Fire Service Training Programs
  - b. O.A.C. 4765-20 Fire Certification
  - c. O.A.C. 4765-21 Fire Instructors
  - d. O.A.C. 4765-22 Professional Standards
  - e. O.A.C. 4765-23 Disciplinary Actions
  - f. O.A.C. 4765-24 Fire Chartering
  - g. O.A.C. 4765-25 Definitions and References
2. It is the responsibility of the applicant to submit a complete and accurate application. Should you have any questions while completing this application, please contact the Fire Education Coordinator at the Division of EMS at (800) 233-0785.
  - a. Check all sections A-D of this application. Please include all documentation that has not been checked off.
  - b. Review the completed application to ensure it accurately represents the proposed program.
  - c. Review and sign the Application for Fire Charter Check List.
  - d. Make a copy of the application for the Fire Charter training program files.
3. Upon receipt and review of the application a representative of the Division of EMS will contact the applicant to schedule an on-site review of the facilities, equipment, and required documentation.
4. Once a complete review of the application and an on-site review are conducted, the Executive Director shall grant or deny the Fire Charter Application.

**FIRE CHARTER RENEWAL APPLICATION CHECKLIST**  
**CHECK ALL THAT APPLY IF THERE HAS BEEN ANY CHANGES SINCE YOUR LAST RENEWAL PLEASE INCLUDE THOSE DOCUMENTS**

**Appendix A**

- Authorizing official statement of support for the fire charter
- Fire charter training program organizational chart
- Advisory Committee membership list **(form provided) (update required)**
- Demonstration of adequate financial resources to operate the fire charter
- Current and signed affiliation agreements for equipment, supplies, facilities, and apparatus
- List of current fire training offsite locations approved by Executive Director **(form provided) (update required)**
- Program Director Job Description

**Appendix B**

- List of all Instructors, Instructor Trainers, Skill Coordinators, and Evaluators utilized by charter, including certification numbers and expiration dates; and dates of completion for Practical Skills Evaluator and/or Live Fire Training Operations Course **(form provided) (update required)**
- Sample copies of all instructor evaluation forms from students, peers, and program director
- List of name(s) of the charter proctor(s) for the state certification examination **(form provided) (update required)**

**Appendix C**

- Student admission application, including NFPA 1001 Chapter 4 course entrance requirements
- Sample course schedule and lesson plans for each fire training level to be offered
- Description of fire testing and practical skills forms and documentation
- Copy of students' course evaluation form
- Online or distance learning documentation, if applicable
- Blank copy of certificate of course completion
- Medical Examination form(NFPA-1582)

**Appendix D**

- Program written policies and procedures in compliance with O.A.C. 4765-24
- Program written policies and procedures for conducting live fire training (includes live fire burn plan and diagram of burn facilities)
- Program written policies and procedures for the administration of the state written certification and practical skills testing
- Program written policies and procedures for management of student and course records
- Original copy of NEW signed ["Written Testing Agreement"](#) **(update required)**
- Live Fire training facility Engineering Inspection

**This renewal application has been:**

- Reviewed to assure all questions were answered
- Reviewed and signed by the Authorizing Official and Program Director
- Duplicated for the training program file

PROGRAM DIRECTOR NAME (Printed)	
PROGRAM DIRECTOR SIGNATURE <b>X</b>	DATE

**\*If any changes please utilize the forms below or attach documentation\***

**Appendix (A) FIRE CHARTER ADVISORY COMMITTEE MEMBERSHIP**

In accordance with O.A.C. 4765-24-03, the Advisory Committee shall include a minimum of five people, to include the program director, fire chiefs, instructors, and others from the fire community. (Copy page, if additional space is needed.)

NAME	POSITION
ADDRESS	AFFILIATION
E-MAIL ADDRESS	BUSINESS TELEPHONE NUMBER
CERTIFICATION LEVEL <input type="checkbox"/> Firefighter <input type="checkbox"/> FSI <input type="checkbox"/> Fire Inst. <input type="checkbox"/> FSI Inst. <input type="checkbox"/> Other	

NAME	POSITION
ADDRESS	AFFILIATION
E-MAIL ADDRESS	BUSINESS TELEPHONE NUMBER
CERTIFICATION LEVEL <input type="checkbox"/> Firefighter <input type="checkbox"/> FSI <input type="checkbox"/> Fire Inst. <input type="checkbox"/> FSI Inst. <input type="checkbox"/> Other	

NAME	POSITION
ADDRESS	AFFILIATION
E-MAIL ADDRESS	BUSINESS TELEPHONE NUMBER
CERTIFICATION LEVEL <input type="checkbox"/> Firefighter <input type="checkbox"/> FSI <input type="checkbox"/> Fire Inst. <input type="checkbox"/> FSI Inst. <input type="checkbox"/> Other	

NAME	POSITION
ADDRESS	AFFILIATION
E-MAIL ADDRESS	BUSINESS TELEPHONE NUMBER
CERTIFICATION LEVEL <input type="checkbox"/> Firefighter <input type="checkbox"/> FSI <input type="checkbox"/> Fire Inst. <input type="checkbox"/> FSI Inst. <input type="checkbox"/> Other	

NAME	POSITION
ADDRESS	AFFILIATION
E-MAIL ADDRESS	BUSINESS TELEPHONE NUMBER
CERTIFICATION LEVEL <input type="checkbox"/> Firefighter <input type="checkbox"/> FSI <input type="checkbox"/> Fire Inst. <input type="checkbox"/> FSI Inst. <input type="checkbox"/> Other	

NAME	POSITION
ADDRESS	AFFILIATION
E-MAIL ADDRESS	BUSINESS TELEPHONE NUMBER
CERTIFICATION LEVEL <input type="checkbox"/> Firefighter <input type="checkbox"/> FSI <input type="checkbox"/> Fire Inst. <input type="checkbox"/> FSI Inst. <input type="checkbox"/> Other	



### Appendix (B) INSTRUCTOR ROSTER

(List the instructors that will be utilized by the charter program. (Copy next page, if additional space is needed.)

Has the program director verified all the <b>instructors</b> utilized have a current and valid Ohio certificate to practice and certificate to teach that are not under disciplinary action by the Executive Director?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the program director verified each <b>instructor trainer</b> meets the requirements of O.A.C. 4765-24-17?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the program director verified each <b>skills coordinator</b> and <b>practical skills evaluator</b> has taken the "Practical Skills Evaluator Course?"	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the program director verified each <b>live fire instructor</b> has taken the "Live Fire Training Operations Course?" (For new instructors after April 7, 2014)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

NAME	NAME
CERTIFICATION NUMBER	CERTIFICATION NUMBER
EXPIRATION DATE	EXPIRATION DATE
<input type="checkbox"/> Asst. Fire Instructor <input type="checkbox"/> Fire Instructor <input type="checkbox"/> FSI Instructor <input type="checkbox"/> Live Fire Instructor	<input type="checkbox"/> Asst. Fire Instructor <input type="checkbox"/> Fire Instructor <input type="checkbox"/> FSI Instructor <input type="checkbox"/> Live Fire Instructor
<input type="checkbox"/> Fire Instructor Trainer <input type="checkbox"/> FSI Instructor Trainer <input type="checkbox"/> Live Fire Instructor Trainer	<input type="checkbox"/> Fire Instructor Trainer <input type="checkbox"/> FSI Instructor Trainer <input type="checkbox"/> Live Fire Instructor Trainer
<input type="checkbox"/> Practical Skills Evaluator <input type="checkbox"/> Skills Coordinator	<input type="checkbox"/> Practical Skills Evaluator <input type="checkbox"/> Skills Coordinator
PRACTICAL SKILLS EVALUATOR TRAINING COURSE COMPLETION DATE	PRACTICAL SKILLS EVALUATOR TRAINING COURSE COMPLETION DATE
LIVE FIRE TRAINING OPERATIONS COURSE COMPLETION DATE	LIVE FIRE TRAINING OPERATIONS COURSE COMPLETION DATE

NAME	NAME
CERTIFICATION NUMBER	CERTIFICATION NUMBER
EXPIRATION DATE	EXPIRATION DATE
<input type="checkbox"/> Asst. Fire Instructor <input type="checkbox"/> Fire Instructor <input type="checkbox"/> FSI Instructor <input type="checkbox"/> Live Fire Instructor	<input type="checkbox"/> Asst. Fire Instructor <input type="checkbox"/> Fire Instructor <input type="checkbox"/> FSI Instructor <input type="checkbox"/> Live Fire Instructor
<input type="checkbox"/> Fire Instructor Trainer <input type="checkbox"/> FSI Instructor Trainer <input type="checkbox"/> Live Fire Instructor Trainer	<input type="checkbox"/> Fire Instructor Trainer <input type="checkbox"/> FSI Instructor Trainer <input type="checkbox"/> Live Fire Instructor Trainer
<input type="checkbox"/> Practical Skills Evaluator <input type="checkbox"/> Skills Coordinator	<input type="checkbox"/> Practical Skills Evaluator <input type="checkbox"/> Skills Coordinator
PRACTICAL SKILLS EVALUATOR TRAINING COURSE COMPLETION DATE	PRACTICAL SKILLS EVALUATOR TRAINING COURSE COMPLETION DATE
LIVE FIRE TRAINING OPERATIONS COURSE COMPLETION DATE	LIVE FIRE TRAINING OPERATIONS COURSE COMPLETION DATE

NAME	NAME
CERTIFICATION NUMBER	CERTIFICATION NUMBER
EXPIRATION DATE	EXPIRATION DATE
<input type="checkbox"/> Asst. Fire Instructor <input type="checkbox"/> Fire Instructor <input type="checkbox"/> FSI Instructor <input type="checkbox"/> Live Fire Instructor	<input type="checkbox"/> Asst. Fire Instructor <input type="checkbox"/> Fire Instructor <input type="checkbox"/> FSI Instructor <input type="checkbox"/> Live Fire Instructor
<input type="checkbox"/> Fire Instructor Trainer <input type="checkbox"/> FSI Instructor Trainer <input type="checkbox"/> Live Fire Instructor Trainer	<input type="checkbox"/> Fire Instructor Trainer <input type="checkbox"/> FSI Instructor Trainer <input type="checkbox"/> Live Fire Instructor Trainer
<input type="checkbox"/> Practical Skills Evaluator <input type="checkbox"/> Skills Coordinator	<input type="checkbox"/> Practical Skills Evaluator <input type="checkbox"/> Skills Coordinator
PRACTICAL SKILLS EVALUATOR TRAINING COURSE COMPLETION DATE	PRACTICAL SKILLS EVALUATOR TRAINING COURSE COMPLETION DATE
LIVE FIRE TRAINING OPERATIONS COURSE COMPLETION DATE	LIVE FIRE TRAINING OPERATIONS COURSE COMPLETION DATE

NAME	NAME
CERTIFICATION NUMBER	CERTIFICATION NUMBER
EXPIRATION DATE	EXPIRATION DATE
<input type="checkbox"/> Asst. Fire Instructor <input type="checkbox"/> Fire Instructor <input type="checkbox"/> FSI Instructor <input type="checkbox"/> Live Fire Instructor	<input type="checkbox"/> Asst. Fire Instructor <input type="checkbox"/> Fire Instructor <input type="checkbox"/> FSI Instructor <input type="checkbox"/> Live Fire Instructor
<input type="checkbox"/> Fire Instructor Trainer <input type="checkbox"/> FSI Instructor Trainer <input type="checkbox"/> Live Fire Instructor Trainer	<input type="checkbox"/> Fire Instructor Trainer <input type="checkbox"/> FSI Instructor Trainer <input type="checkbox"/> Live Fire Instructor Trainer
<input type="checkbox"/> Practical Skills Evaluator <input type="checkbox"/> Skills Coordinator	<input type="checkbox"/> Practical Skills Evaluator <input type="checkbox"/> Skills Coordinator
PRACTICAL SKILLS EVALUATOR TRAINING COURSE COMPLETION DATE	PRACTICAL SKILLS EVALUATOR TRAINING COURSE COMPLETION DATE
LIVE FIRE TRAINING OPERATIONS COURSE COMPLETION DATE	LIVE FIRE TRAINING OPERATIONS COURSE COMPLETION DATE

NAME	NAME
CERTIFICATION NUMBER	CERTIFICATION NUMBER
EXPIRATION DATE	EXPIRATION DATE
<input type="checkbox"/> Asst. Fire Instructor <input type="checkbox"/> Fire Instructor <input type="checkbox"/> FSI Instructor <input type="checkbox"/> Live Fire Instructor	<input type="checkbox"/> Asst. Fire Instructor <input type="checkbox"/> Fire Instructor <input type="checkbox"/> FSI Instructor <input type="checkbox"/> Live Fire Instructor
<input type="checkbox"/> Fire Instructor Trainer <input type="checkbox"/> FSI Instructor Trainer <input type="checkbox"/> Live Fire Instructor Trainer	<input type="checkbox"/> Fire Instructor Trainer <input type="checkbox"/> FSI Instructor Trainer <input type="checkbox"/> Live Fire Instructor Trainer
<input type="checkbox"/> Practical Skills Evaluator <input type="checkbox"/> Skills Coordinator	<input type="checkbox"/> Practical Skills Evaluator <input type="checkbox"/> Skills Coordinator
PRACTICAL SKILLS EVALUATOR TRAINING COURSE COMPLETION DATE	PRACTICAL SKILLS EVALUATOR TRAINING COURSE COMPLETION DATE
LIVE FIRE TRAINING OPERATIONS COURSE COMPLETION DATE	LIVE FIRE TRAINING OPERATIONS COURSE COMPLETION DATE

**Appendix (B) FIRE CHARTER PROCTORS FOR WRITTEN CERTIFICATION EXAM**

List the proctors that will be utilized by the charter program. (Copy page, if additional space is needed.)

NAME	NAME
MAILING ADDRESS	MAILING ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
TELEPHONE NUMBER	TELEPHONE NUMBER

NAME	NAME
MAILING ADDRESS	MAILING ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
TELEPHONE NUMBER	TELEPHONE NUMBER

NAME	NAME
MAILING ADDRESS	MAILING ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
TELEPHONE NUMBER	TELEPHONE NUMBER

NAME	NAME
MAILING ADDRESS	MAILING ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
TELEPHONE NUMBER	TELEPHONE NUMBER

NAME	NAME
MAILING ADDRESS	MAILING ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
TELEPHONE NUMBER	TELEPHONE NUMBER