



OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

**FIRE, ASSISTANT FIRE, OR FIRE SAFETY INSPECTOR
INSTRUCTOR INITIAL 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 an initial Fire Instructor, Assistant Fire Instructor, or Fire Safety Inspector Instructor certificate to teach. For information on certification requirements, please visit our webpage at www.ems.ohio.gov.

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 #		WORK PHONE #		CELL PHONE #	
E-MAIL ADDRESS*			SECONDARY E-MAIL ADDRESS		
SOCIAL SECURITY #*	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*	CERTIFICATION #*	

You must answer the following questions for your application to be considered:*

- Do you have any charges pending or have a conviction for a felony or a misdemeanor (other than minor traffic violation)?* Yes No
- Has your fire certificate, in this or any other state, ever been suspended, revoked, or placed under disciplinary sanctions?* Yes No

If you answered "Yes" to either of these questions, complete the Declaration of Criminal History portion on page 5 of this application.

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.

SELECT YOUR CURRENT CERTIFICATION(S)*

<input type="checkbox"/> VOLUNTEER FIREFIGHTER	<input type="checkbox"/> FIREFIGHTER I	<input type="checkbox"/> FIREFIGHTER II	<input type="checkbox"/> FIRE SAFETY INSPECTOR
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SELECT THE CERTIFICATION FOR WHICH YOU ARE APPLYING*

<input type="checkbox"/> ASSISTANT FIRE INSTRUCTOR	<input type="checkbox"/> FIRE INSTRUCTOR	<input type="checkbox"/> FIRE SAFETY INSPECTOR INSTRUCTOR
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Before submitting this application for a **Fire Instructor** certificate, you must meet all of the following qualifications:

- Possess a current and valid Firefighter certificate issued under Section 4765.55 of the R.C. that is in good standing;
- Have been certified / licensed as a Firefighter for at least five (5) years of the preceding seven (7) years;
- Pass the knowledge examination at the Firefighter II level within one (1) year prior to admission into the Fire Instructor course;
- Successfully complete a Fire Instructor course outlined in rule 4765-24-15 of the Ohio Administrative Code (O.A.C.); OR hold at least a baccalaureate degree in education; and
- Pass the instructional methods examination.

Before submitting this application for an **Assistant Fire Instructor** certificate, you must meet all of the following qualifications:

- Possess a current and valid Firefighter certificate issued under Section 4765.55 of the R.C. that is in good standing;
- Have been certified / licensed as a Firefighter for at least five (5) years out of the preceding seven (7) years;
- Pass the knowledge examination at the Firefighter I or at the Firefighter II level within one (1) year prior to completing the two four-hour modules below;
- Complete the four-hour fire service training module incorporated in the “Ohio Fire and EMS Instructor Curriculum”;
- Complete the four-hour live fire training awareness module incorporated in the “Ohio Fire and EMS Instructor Curriculum” and;
- Complete ten (10) hours of supervised teaching.

NOTE: In order to provide instruction in any live fire training evolutions for a chartered fire training program, a Fire Instructor applicant or Assistant Fire Instructor applicant must successfully complete the *“Live Fire Training Operations Course.”*

Before submitting this application for a **Fire Safety Inspector Instructor** certificate, you must meet all of the following qualifications:

- Possess a current and valid Fire Safety Inspector certificate issued under Section 4765.55 of the R.C. that is in good standing;
- Have been certified / licensed as a Fire Safety Inspector for at least five (5) years out of the preceding seven (7) years;
- Pass the Fire Safety Inspector Instructor knowledge exam within one (1) year prior to admission into the Fire Safety Inspector Instructor course;
- Successfully complete a Fire Safety Inspector Instructor course outlined in rule 4765-24-16 of the O.A.C.; OR hold at least a baccalaureate degree in education; and
- Pass the instructional methods examination.

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 level sought in this application as set forth in Section 4765.55 of the R.C. and Chapter 4765-21 of the 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*

APPLICANT NAME _____

SELECT THE LEVEL OF CERTIFICATION AND COMPLETE THE COURSE INFORMATION*

FIRE INSTRUCTOR - (Initial Training)
 DATE OF FIRE INSTRUCTOR KNOWLEDGE EXAM: _____
 (Must be passed within one year prior to 40-hour course start date)

FIRE INSTRUCTOR - (Crossover from Fire Safety Inspector Instructor)
 DATE OF FIRE INSTRUCTOR KNOWLEDGE EXAM: _____
 (Must be passed within one year prior to both 4-hour fire training modules)

FIRE INSTRUCTOR - (Crossover from EMS Instructor)
 DATE OF FIRE INSTRUCTOR KNOWLEDGE EXAM: _____
 (Must be passed within one year prior to both 4-hour fire training modules)

40-HOUR INSTRUCTOR COURSE	START DATE	COMPLETION DATE	FIRE INSTRUCTOR TRAINER NAME	CERTIFICATION #	
4-HOUR FIRE SERVICE TRAINING MODULE	START DATE	COMPLETION DATE	FIRE INSTRUCTOR TRAINER NAME	CERTIFICATION #	
4-HOUR LIVE FIRE TRAINING AWARENESS MODULE	START DATE	COMPLETION DATE	FIRE INSTRUCTOR TRAINER NAME	CERTIFICATION #	
SUPERVISED TEACHING Number of hours	START DATE	COMPLETION DATE	FIRE INSTRUCTOR TRAINER NAME	CERTIFICATION #	CHARTER #
SUPERVISED TEACHING Number of hours	START DATE	COMPLETION DATE	FIRE INSTRUCTOR TRAINER NAME	CERTIFICATION #	CHARTER #
SUPERVISED TEACHING Number of hours	START DATE	COMPLETION DATE	FIRE INSTRUCTOR TRAINER NAME	CERTIFICATION #	CHARTER #
SUPERVISED TEACHING Number of hours	START DATE	COMPLETION DATE	FIRE INSTRUCTOR TRAINER NAME	CERTIFICATION #	CHARTER #
SUPERVISED TEACHING Number of hours	START DATE	COMPLETION DATE	FIRE INSTRUCTOR TRAINER NAME	CERTIFICATION #	CHARTER #

NOTE: (Supervised teaching shall include a minimum of six hours of classroom lecture and a maximum of four hours practical skills demonstration.)

ASSISTANT FIRE INSTRUCTOR
 DATE OF FIRE INSTRUCTOR KNOWLEDGE EXAM: _____
 (must be passed within one year prior to both 4-hour fire training modules)

4-HOUR FIRE SERVICE TRAINING MODULE	START DATE	COMPLETION DATE	FIRE INSTRUCTOR TRAINER NAME	CERTIFICATION #	
4-HOUR LIVE FIRE TRAINING AWARENESS MODULE	START DATE	COMPLETION DATE	FIRE INSTRUCTOR TRAINER NAME	CERTIFICATION #	
SUPERVISED TEACHING Number of hours	START DATE	COMPLETION DATE	FIRE INSTRUCTOR TRAINER NAME	CERTIFICATION #	CHARTER #
SUPERVISED TEACHING Number of hours	START DATE	COMPLETION DATE	FIRE INSTRUCTOR TRAINER NAME	CERTIFICATION #	CHARTER #
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SUPERVISED TEACHING Number of hours	START DATE	COMPLETION DATE	FIRE INSTRUCTOR TRAINER NAME	CERTIFICATION #	CHARTER #

NOTE: (Supervised teaching shall include a minimum of six hours of classroom lecture and a maximum of four hours practical skills demonstration.)

APPLICANT NAME					
<input type="checkbox"/> FIRE SAFETY INSPECTOR INSTRUCTOR - (Initial Training) DATE OF FIRE SAFETY INSPECTOR INSTRUCTOR KNOWLEDGE EXAM: _____ (Must be passed prior to 40-hour course start date)					
<input type="checkbox"/> FIRE SAFETY INSPECTOR INSTRUCTOR - (Crossover from Fire Instructor) DATE OF FIRE SAFETY INSPECTOR INSTRUCTOR KNOWLEDGE EXAM: _____ (Must be passed prior to start of 8-hour FSI Training Module)					
<input type="checkbox"/> FIRE SAFETY INSPECTOR INSTRUCTOR - (Crossover from EMS Instructor) DATE OF FIRE SAFETY INSPECTOR INSTRUCTOR KNOWLEDGE EXAM: _____ (Must be passed prior to start of 8-hour FSI Training Module)					
40-HOUR INSTRUCTOR COURSE	START DATE	COMPLETION DATE	FSI INSTRUCTOR TRAINER NAME	CERTIFICATION #	
8-HOUR FIRE SAFETY INSPECTOR TRAINING MODULE	START DATE	COMPLETION DATE	FSI INSTRUCTOR TRAINER NAME	CERTIFICATION #	
SUPERVISED TEACHING Number of hours	START DATE	COMPLETION DATE	FIRE INSTRUCTOR TRAINER NAME	CERTIFICATION #	CHARTER #
SUPERVISED TEACHING Number of hours	START DATE	COMPLETION DATE	FIRE INSTRUCTOR TRAINER NAME	CERTIFICATION #	CHARTER #
SUPERVISED TEACHING Number of hours	START DATE	COMPLETION DATE	FIRE INSTRUCTOR TRAINER NAME	CERTIFICATION #	CHARTER #
SUPERVISED TEACHING Number of hours	START DATE	COMPLETION DATE	FIRE INSTRUCTOR TRAINER NAME	CERTIFICATION #	CHARTER #
SUPERVISED TEACHING Number of hours	START DATE	COMPLETION DATE	FIRE INSTRUCTOR TRAINER NAME	CERTIFICATION #	CHARTER #

NOTE: (Supervised teaching shall include a minimum of six hours of classroom lecture and a maximum of four hours practical skills demonstration.)

PROGRAM DIRECTOR ATTESTATION*

I hereby attest that the above named applicant has completed all training requirements in accordance with Chapters 4765-21 and 4765-24 of the O.A.C. for a certificate at the level sought in this application and has been issued a certificate of completion.	
PRINT PROGRAM DIRECTOR NAME*	
PROGRAM DIRECTOR SIGNATURE*	DATE*
X	
OHIO-CHARTERED FIRE TRAINING PROGRAM*	FIRE CHARTER NUMBER*

INSTRUCTOR APPLICATIONS MUST BE SUBMITTED NO LATER THAN TWO YEARS AFTER PASSING THE APPROPRIATE KNOWLEDGE EXAM.

Return To:

OHIO DEPARTMENT OF PUBLIC SAFETY
 DIVISION OF EMERGENCY MEDICAL SERVICES
 1970 West Broad St., 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; 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 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), 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 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	