



Ohio Department of Public Safety
Division of Emergency Medical Services

User Guide
for
EMS & Fire Certification Renewal System
(Available May 24, 2016)



Division of EMS Online Renewal System

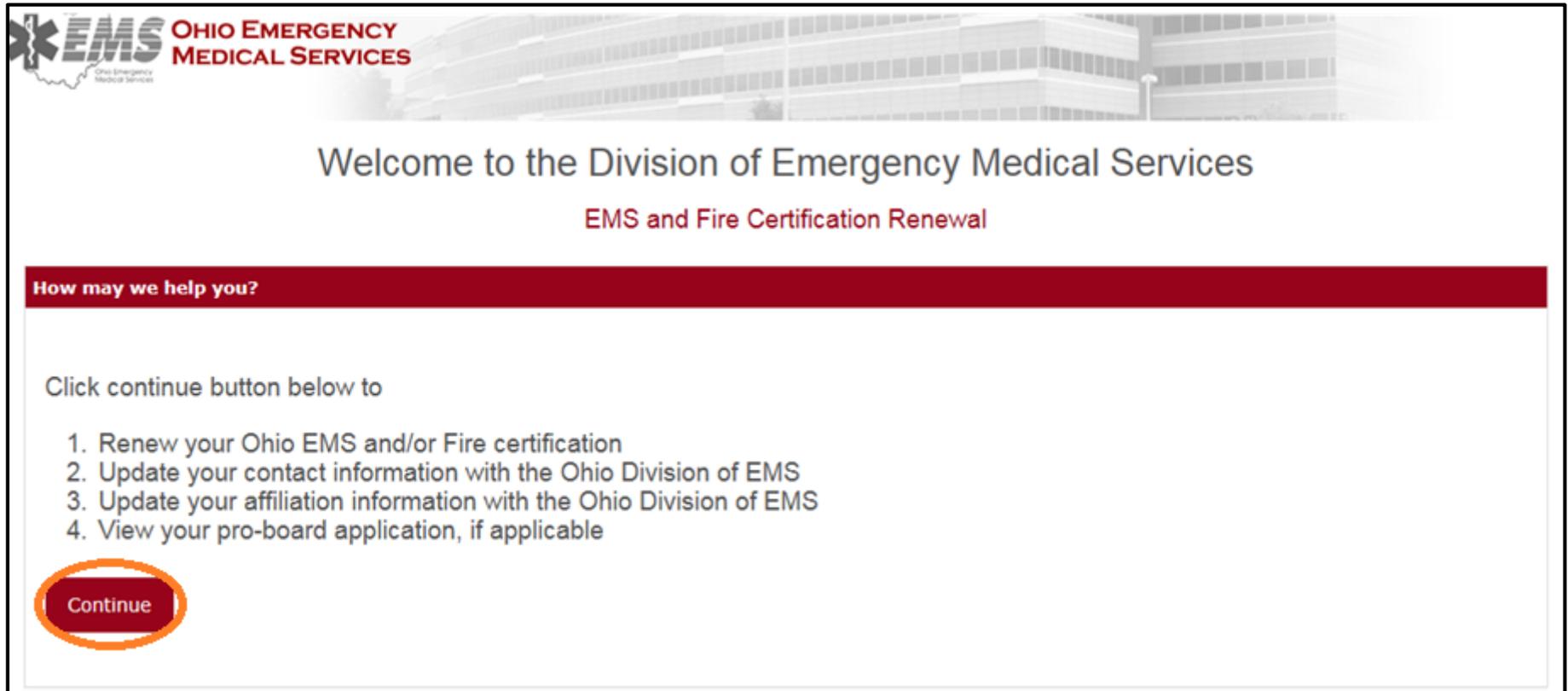
This user guide has been developed to assist EMS and Firefighter certificate holders in navigating the online renewal system, which is required to renew all certifications.

Some things to keep in mind:

- The new renewal system performs best when **Internet Explorer version 9 or higher** is used. (To download Internet Explorer from Microsoft, you may use this link: <https://www.microsoft.com/en-us/download/internet-explorer.aspx>.)
- The system is designed to be used on a computer, not a cell phone.
- All certificate holders must have an email address listed in his/her record in the Division of EMS database. Certificate holders may not share the same email address.
- Certificates will be available to renew beginning 90 days prior to the expiration date. **Do not wait until the last day to submit your renewal application.**
- The first time a user enters the renewal system, it will be necessary to register an account and establish identity.
- After an account has been registered, users will be able to log on simply using their email address and password.
- When filling out the renewal application, users will see buttons at the bottom of each screen titled “Previous” and “Next”. Selecting “Next” and going to the next screen will automatically “save” the information just entered on that screen. Selecting “Previous” allows the user to go back to the previous screen and review or make changes.
- If a user is unable to complete a renewal application (perhaps an emergency call is received), the information already entered will remain saved for 24 hours for the user to complete. However, if it is the same day as the expiration date of the certification, the partially completed application will only be saved until midnight of that date and the certificate will not be eligible for renewal after midnight.
- A renewal application is not complete until the user clicks on “Submit” at the end of the application. The user will receive an email confirming the application submission.

Questions may be directed to ems-firecertifications@dps.ohio.gov, or by calling 800-233-0785 during normal business hours.

This is the first screen of the online renewal system.
Click “Continue” at the bottom of the screen.



The screenshot shows the homepage of the Ohio Emergency Medical Services online renewal system. At the top left is the logo for EMS Ohio Emergency Medical Services. The main heading reads "Welcome to the Division of Emergency Medical Services" followed by "EMS and Fire Certification Renewal". A dark red banner contains the text "How may we help you?". Below this, the text "Click continue button below to" is followed by a numbered list of four options: 1. Renew your Ohio EMS and/or Fire certification, 2. Update your contact information with the Ohio Division of EMS, 3. Update your affiliation information with the Ohio Division of EMS, and 4. View your pro-board application, if applicable. At the bottom left, a red "Continue" button is highlighted with a yellow circle.

EMS OHIO EMERGENCY
MEDICAL SERVICES

Welcome to the Division of Emergency Medical Services

EMS and Fire Certification Renewal

How may we help you?

Click continue button below to

1. Renew your Ohio EMS and/or Fire certification
2. Update your contact information with the Ohio Division of EMS
3. Update your affiliation information with the Ohio Division of EMS
4. View your pro-board application, if applicable

Continue

Click on “Register” at the bottom of the box to start the process to set up your account. (In the future, you will simply enter your email address and password as your account will already be set up.)

ODPS Identity Manager
Single sign-on for the Ohio Department of Public Safety

Sign In

You are accessing the Test system. For Production, click [here](#).

Sign in to continue to EMS and Fire Certifications

Log in Having trouble logging in? [Get Help!](#)
Don't have an account yet? [Register!](#)

Enter the requested information in each box and then click on “Register” at the bottom.

ODPS Identity Manager

Single sign-on for the Ohio Department of Public Safety

Registration

You are accessing the Test system. For Production, [click here](#).

To get started, we will need to confirm your Email Address. You will be emailed instructions to complete your registration.

Email Address

- Your Email Address must not be shared with other employees/individuals.
- You are personally responsible for all actions taken by this account.

Confirm Email Address

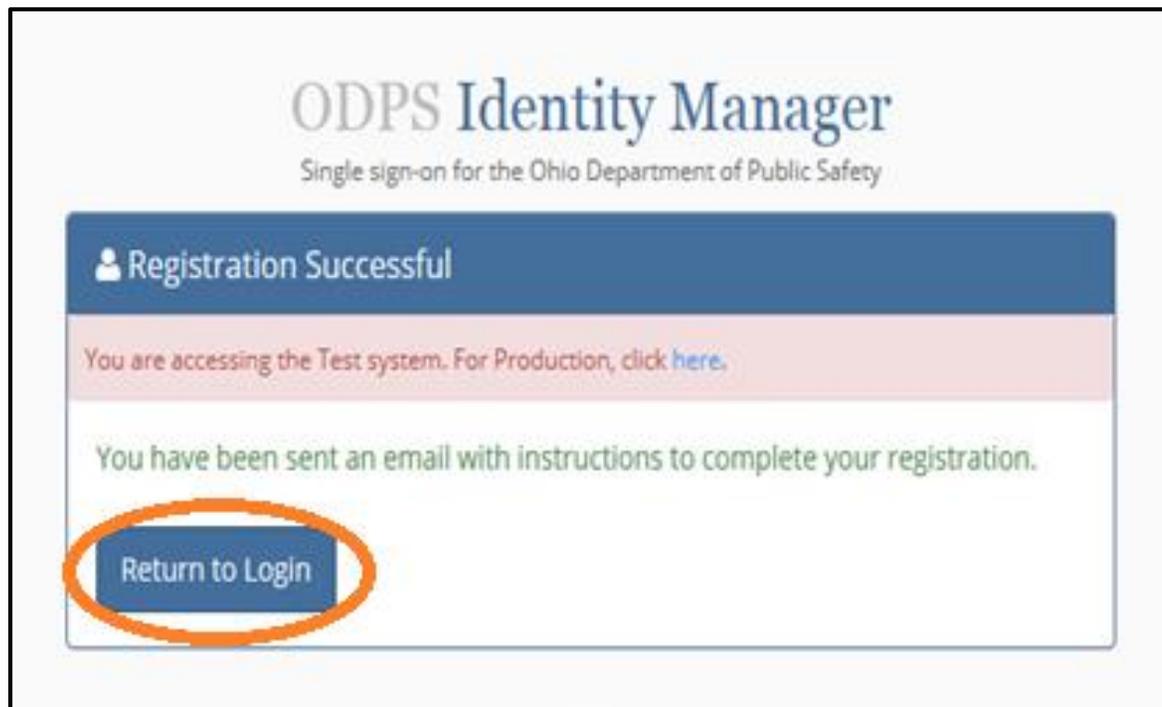
Please enter the text from the image below



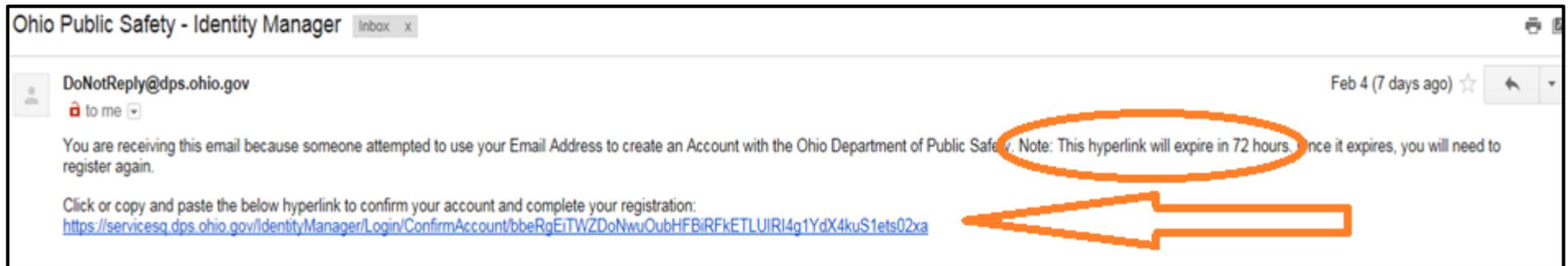
Not receiving an email? [Click here](#)

CancelRegister

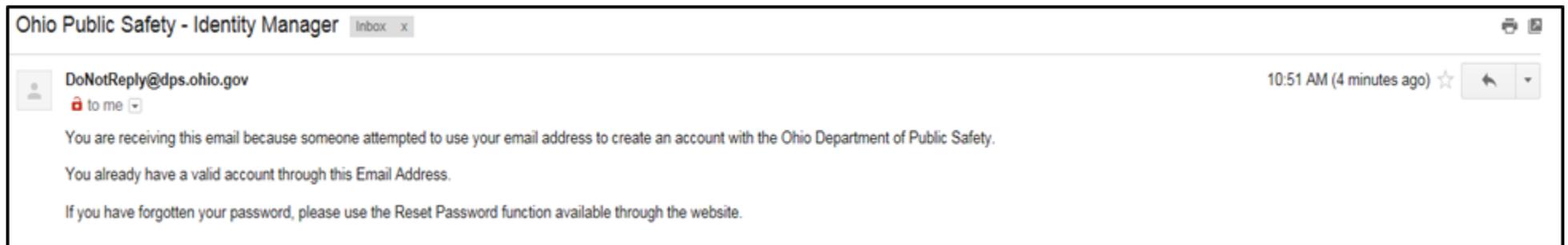
Open your email when you receive this message so that you may retrieve the link to continue. In most cases, the email will appear immediately, but sometimes it could take 10-15 minutes and your email may direct it to the Junk Mail or Spam. Check the Junk Mail and/or Spam boxes if you do not see the email in your Inbox. If you do not receive an email, call our Help Desk (614-752-6487), which is staffed 24/7. Advise the Help Desk you need assistance with the EMS and Fire Renewal System, as the Help Desk assists users with several applications.



Sample of email message you will receive the first time you set up your account. Follow the directions outlined in the email. Please note that this hyperlink expires in 72 hours and you may only open it once; therefore, please complete the registration process within 72 hours and as soon as you open the link. Otherwise, you will need to repeat the previous steps. Do not wait until the last day of your certification to renew.



Sample of email message you will receive if you try to set up an account that has already been established. Follow the directions in the email message. If you need assistance, call the Help Desk (614-752-6487) which is staffed 24/7. Advise the Help Desk you need assistance with the EMS and Fire Renewal System, as the Help Desk assists users with several applications.



When you open the hyperlink, you will be asked to confirm your account by entering and confirming your password, and by answering two security questions. After you have answered the questions, click on “Register” again to complete the registration process. Please make note of your password and security questions for future use – you will need the password whenever you access this system, and the security questions will be required if you forget your password. If you have questions regarding setting up your Identity Manager account, contact the Help Desk (24/7) at 614-752-6487, and advise the representative you are using the EMS and Fire Renewal System.

ODPS Identity Manager
Single sign-on for the Ohio Department of Public Safety

Confirm Account

Please complete the following form to register your account with the Ohio Department of Public Safety.

Email Address

- Your Email Address must not be shared with other employees/individuals.
- You are personally responsible for all actions taken by this account.

Password

Confirm Password

- Your password must be at least 8 characters.
- Your password must contain at least one number.
- Your password must contain at least one letter.
- Your password may contain only the following special characters: ! @ # \$ %

Please select two different security questions that will be used if you need to reset your password.

#1 Question: What was the make and model of your first car?

#1 Answer:

#2 Question: What was your maternal grandfather's first name?

#2 Answer:

Register Cancel

This is the beginning of the actual renewal process. Click on the top button: “Renew My Certification(s)”. In addition to renewing certifications, you will be able to conduct other business through this site, as denoted by the other buttons.

The screenshot displays the website for the Ohio Emergency Medical Services (EMS) and Fire providers. The header includes the logo for EMS and the text "OHIO EMERGENCY MEDICAL SERVICES" and "EMS and Fire providers". A user email address "testemsfire@gmail.com" is visible in the top right. Below the header, there is a navigation bar with a "Home" link and a search bar. The main content area features a welcome message: "Welcome to the Division of Emergency Medical Services". Below this, there is a section titled "How may we help you?" with a search bar containing the text "testems testFire (Certification Number:". The main navigation menu consists of several buttons: "Renew My Certification(s)" (highlighted with an orange oval), "Update Contact Information ONLY", "Update Affiliation ONLY", "ProBoard Application(s)", "Print EMS Extension Form" (with a PDF icon), and "Print Replacement Card Request Form" (with a PDF icon).

You are now ready to complete a renewal application for any certifications you have. If you have more than one certification, select one at a time by clicking on the “Renew” button shown with each certification. A separate application must be completed for each one.

The screenshot shows the Ohio EMS and Fire Certification Renewal web application. At the top left is the logo for EMS Ohio Emergency Medical Services. The header includes "OHIO EMERGENCY MEDICAL SERVICES" and "EMS and Fire providers". A user email address "testemsfire@gmail.com" is visible in the top right. A breadcrumb trail shows "Home / Renewal Certification(s) / Submitted Application(s)". The main heading is "Ohio EMS and Fire Certification Renewal". Below this is a section titled "Certifications" with a sub-header "testems testFire (Certification Number: [redacted])". A message states: "Please select one certification at a time by clicking the Renew button." A table lists two certifications: "Basic EMT" (EMS) and "Firefighter II" (Fire), both with an expiration date of 3/1/2016. Each row has a "Renew" button. The "Renew" button for the Basic EMT certification is circled in orange. Below the table is a section titled "Renewal Applications Submitted" with the text: "No renewal applications submitted during current renewal cycle."

OHIO EMERGENCY MEDICAL SERVICES EMS and Fire providers testemsfire@gmail.com

Home / Renewal Certification(s) / Submitted Application(s)

Ohio EMS and Fire Certification Renewal

Certifications testems testFire (Certification Number: [redacted])

Please select one certification at a time by clicking the Renew button.

Certification Type	Certification Name	Expiration Date		
EMS	Basic EMT	3/1/2016	Renew	Available to renew until 3/1/2016
Fire	Firefighter II	3/1/2016	Renew	Available to renew until 3/1/2016

Renewal Applications Submitted

No renewal applications submitted during current renewal cycle.

After you select “Renew”, you will see a message advising you of some documentation you will need IF you have any criminal history or pending charges to report. If you have all required documentation and you are ready to proceed, click on “Renew Now”. (If you need to gather the information, you should select “Renew Later” and log back in when you are ready.)

BEFORE YOU BEGIN THIS APPLICATION...

If you have criminal history to declare, you will need the following information to submit your application:

- Criminal conviction information
- The court where the conviction occurred
- The conviction date
- The conviction level
- The arresting police agency

If you have pending charge(s) to declare, you will need the following information to submit your application:

- Description of charge(s)
- Date of arrest
- The arresting police agency
- Court (if known)

If your certificate has been suspended or revoked in Ohio or any other state, you will need the following to submit your application:

- An explanation of the action
- The date(s) action was taken



Follow the instructions to verify this information. When finished, click “Next” to go to the next screen. If you must change your name, social security number or date of birth, your application will be submitted, but the Division of EMS staff will need to contact you to seek supporting documentation.

EMS OHIO EMERGENCY MEDICAL SERVICES EMS and Fire providers testemsfire@gmail.com ▾

[Home](#) / [Renewal](#) / Verify Contact Information

Renewal Application for Basic EMT (Certification Number: [REDACTED])

Verify Contact Information

Please check the information below for inaccuracies. If everything is correct, enter your Social Security Number and click the "Next" button below to continue. Click [here](#) to make any changes to your information. * Required

Certification Number: [REDACTED]

Legal First Name* testems

Legal Last Name* testFire

Legal Middle Initial Enter Middle Initial, if applicable

Suffix Jr. ▾

SSN* 546-75-1212

Confirm SSN* 546-75-1212 X

Date of Birth* 03/01/1950

Primary Email testemsfire@gmail.com [Why can't I edit my email?](#)

Next >

You may verify or update your contact information.
Click "Next" when finished.

The screenshot shows the Ohio Emergency Medical Services (EMS) website interface. At the top left is the EMS logo with the text "OHIO EMERGENCY MEDICAL SERVICES" and "EMS and Fire providers". At the top right is the email address "testemsfire@gmail.com". Below the header is a breadcrumb trail: "Home / Renewal / Verify & Update Contact Information". A red banner at the top of the main content area reads "Renewal Application for Basic EMT (Certification Number: [redacted])". The main heading is "Verify & Update Contact Information" with a red asterisk and the word "Required" to its right. Below the heading is the instruction "Please verify and update the following information." The form contains several fields: "Home Address 1*" with the value "1970 W. Broad St.", "Home Address 2" with the placeholder "Enter Address Line 2", "City*" with "Columbus", "State*" with a dropdown menu showing "Ohio", "Zip Code*" with "43223" in the first of two input boxes, "County of Residence*" with a dropdown menu showing "Franklin", "Home Phone Number" with the placeholder "Enter Phone", "Cell Phone Number" with "(614) 222-2222", "Secondary Email" with "testems33@ymail.com", "Confirm Secondary Email" with "testems33@ymail.com" and a clear 'X' button, "Third Email" with the placeholder "Enter Third Email", and "Confirm Third Email" with the placeholder "Confirm Third Email". At the bottom of the form are two buttons: "Previous" and "Next". The "Next" button is circled in orange.

OHIO EMERGENCY MEDICAL SERVICES EMS and Fire providers testemsfire@gmail.com

Home / Renewal / Verify & Update Contact Information

Renewal Application for Basic EMT (Certification Number: [redacted])

Verify & Update Contact Information * Required

Please verify and update the following information.

Home Address 1* 1970 W. Broad St.

Home Address 2 Enter Address Line 2

City* Columbus

State* Ohio

Zip Code* 43223

County of Residence* Franklin

Home Phone Number Enter Phone

Cell Phone Number (614) 222-2222

Secondary Email testems33@ymail.com

Confirm Secondary Email testems33@ymail.com X

Third Email Enter Third Email

Confirm Third Email Confirm Third Email

Previous Next

You must mark at least one response regarding the Armed Forces. If you or your spouse have never been in the Armed Forces, please mark “None of Above”. Click “Next” when finished.

EMS OHIO EMERGENCY MEDICAL SERVICES EMS and Fire providers testemfire@gmail.com

Home / Renewal / Armed Forces Information

Renewal Application for Basic EMT (Certification Number: [redacted])

Armed Forces Information

Using the definition of armed forces provided, check all that apply and provide information requested. **Mark at least one response.**

"Armed forces" means the armed forces of the United States, including the army, navy, air force, marine corps, coast guard, or and 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 services 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. [Ohio Revised Code, section 5903.01]

I am a veteran of the armed forces, discharged / released under honorable conditions.
Year of discharge / release: Required

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 condition.
Year of veteran's discharge / release:

None of Above

[< Previous](#) [Next >](#)

If you answer “Yes” regarding having an affiliation, a “Search and Add Affiliation” button will appear so you can add your affiliation. If you answer “No”, simply click on next.

EMS and Fire providers

[Home](#) / [Renewal](#) / [Renewal - Affiliation Information](#)

Renewal Application for Emergency Medical Technician (Certification Number: [redacted])

Affiliation Information * Required

An affiliation is the department or agency with which you work using this certificate, in either a paid or volunteer status. You are not required to have an affiliation to obtain/maintain your certificate. You also may have more than one affiliation.

Are you now actively functioning as an EMS Provider? If YES, provide affiliation(s) for this certification.* Yes No

[Q Search and Add Affiliation](#)

[← Previous](#) [Next →](#)

You may search for your agency affiliation by either its name or by county name. After entering one or the other, click on “Search” and a list will appear of possible agencies to select. If the system list does not have your agency listed, you may enter it manually by clicking on “+Add Manually” at the bottom of the screen.

Search and Add Agency Affiliation ✕

Please enter **Agency Name** or **County** or **both** to search for agency!

Agency Name

County

Search Results

No agencies found! Please enter **different Search Criteria and Search** again **OR** Click on "Add Manually" button to add your Affiliation manually!

Sample of agency list by county. To add your affiliation, click on “+Add” beside your agency. If your agency is not on the list, click on “Cancel” so you will be able to add it manually.

Search and Add Agency Affiliation

Please enter Agency Name or County or both to search for agency!

Agency Name:

County:

Search Results

Name	County	Address	City	State	Zip Code	
1st Advanced EMS	Franklin	555 Offcenter Place #103	Gahanna	OH	43230	+ Add
Access-Med Ambulance Service, Inc	Franklin	2245 South James Road	Columbus	OH	43232	+ Add
Advanced Care Ambulance Service	Franklin	643 North James Road	Columbus	OH	43219	+ Add
American Trans LLC	Franklin	170 Jefferson Avenue #B	Columbus	OH	43215	+ Add
AmeriKare Ambulance	Franklin	3877 E. Livingston Ave.	Columbus	OH	43227	+ Add
Clinton Twp Fire Dept	Franklin	3820 Cleveland Ave	Columbus	OH	43224-2491	+ Add
Columbus Connection	Franklin	1165 Dublin Road	Columbus	OH	43215	+ Add
Columbus Division of Fire	Franklin	Administration Office, 3675 Parsons Ave	Columbus	OH	43207-4054	+ Add
Community EMS	Franklin	3699 Paragon Drive	Columbus	OH	43228	+ Add
Consolidated Ambulance Services	Franklin					+ Add
Critical Care Transport, Inc.	Franklin	2936 East 14th	Columbus	OH	43219	+ Add
Defense Supply Center Col Fire Dept	Franklin	3990 EAST BROAD STREET	COLUMBUS	OH	43216	+ Add
Franklin Twp Fire Dept	Franklin	4100 Sullivant Ave.	Columbus	OH	43228	+ Add
Grandview Heights Div of Fire	Franklin	1016 Grandview Ave	Grandview Heights	OH	43212-3469	+ Add
Hamilton Twp Fire Dept	Franklin	1460 Obetz Rd	Columbus	OH	43207	+ Add
Jackson Twp Fire Dept	Franklin	3650 Hoover Rd, PO Box 517	Grove City	OH	43123	+ Add
Jefferson Twp Fire Dept	Franklin	6767 Havens Corners Rd	Blacklick	OH	43004	+ Add
Madison Twp Fire Dept	Franklin	4567 Firehouse Lane	Groveport	OH	43125	+ Add
Med-Ride	Franklin	645 North James Road	Columbus	OH	43219	+ Add

To manually enter an affiliation that is not on the agency list, fill in the required information and then select “+Add” at the bottom. Only Ohio-based affiliations can be manually entered.

Add New Agency ✕

Manually enter OHIO Agency * Required

Agency Name*

Address 1*

Address 2

City*

Zip Code*

State

County* ▼

Primary Affiliation* Yes No

Employee Type* Full-Time Part-Time Volunteer

Please answer the questions about your affiliation. To access the definition of full-time, part-time and volunteer, simply click on the “?” beside each level. Click on “Add” when you are finished.

Agency Affiliation Details ✕

Please provide additional details about your selected agency affiliation. * Required

Agency Name Clinton Twp Fire Dept

Primary Affiliation* Yes No

Employee Type*

- Full-Time ?
- Part-Time ?
- Volunteer ?

✕ Cancel ✓ Add

This screen shows any affiliations you added for the certificate you are renewing. You may add more than one affiliation for each certification and you may add different affiliations for each certificate you have, if necessary. Click on “Next” when finished.

EMS and Fire providers

[Home](#) / [Renewal](#) / [Renewal - Affiliation Information](#)

Renewal Application for Emergency Medical Technician (Certification Number:)

Affiliation Information * Required

An affiliation is the department or agency with which you work using this certificate, in either a paid or volunteer status. You are not required to have an affiliation to obtain/maintain your certificate. You also may have more than one affiliation.

Are you now actively functioning as an EMS Provider? If YES, provide affiliation(s) for this certification.* Yes No

[Q Search and Add Affiliation](#)

Agency Affiliations

Agency Name	Address	City	State	Zip Code	County	Type	Primary	
XYZ Ambulance	222 Main Street	Fracture	OH	33333	Adams	Full-Time	Yes	Edit Delete
ABC Fire Department	222 Main Street	Fracture	OH	33333	Adams	Part-Time	No	Edit Delete

[← Previous](#) [Next →](#)

Sample renewal information screen for a firefighter. Different certificates will have different questions. Read each question carefully. This is a legal document. Click “Next” when finished.

EMS OHIO EMERGENCY MEDICAL SERVICES EMS and Fire providers

Home / Renewal / Renewal Information

Renewal Application for Firefighter II (Certification Number:)

Renewal Information

* Required

1. Have you completed all educational requirements for renewal of your certificate as required by Chapter 4765-20 of the Ohio Administrative Code (O.A.C.)?*

Yes No

2. Do you have any charges pending or have a conviction for a felony or a misdemeanor (other than a minor traffic violation)?*

Yes No

3. Have you had any fire certificate, in this or any other state, suspended, revoked, or placed under disciplinary sanction(s)?*

Yes No

[← Previous](#) [Next →](#)

Sample Renewal Information screen for an EMS provider. Different certificates will have different questions. Click “Next” when finished.

The screenshot shows a web application interface for EMS and Fire providers. At the top left is the logo for EMS OHIO EMERGENCY MEDICAL SERVICES. To the right of the logo is the text "EMS and Fire providers" and an email address "testemsfire@gmail.com". Below the logo is a navigation bar with links for "Home", "Renewal", and "Renewal Information". A red banner at the top of the main content area reads "Renewal Application for Basic EMT (Certification Number: [redacted])". The main heading is "Renewal Information". A red asterisk indicates required questions. Question 1 asks "Are you renewing at your present level?" with radio buttons for "Yes" (selected) and "No". Question 2 asks "I certify that I have completed all educational requirements for renewal of my certification as required by Ohio Administrative Code Chapter 4765-8." with radio buttons for "Yes" (selected) and "No". A note below question 2 states: "(Note: You, as the certificate holder, are responsible for maintaining all supporting documentation.)". Question 3 asks "Do you, as the person accepting responsibility for signing this form, have charges pending or have a conviction for a felony or a misdemeanor (other than a minor traffic violation,) or a judicial finding of eligibility for treatment in lieu of conviction?" with radio buttons for "Yes" and "No" (selected). Below question 3 is a note: "If YES, you must complete the DECLARATION OF CRIMINAL HISTORY section of this form and submit supporting documentation. Documentation should include a certified judgment entry from the court where conviction occurred, a certified copy of the police investigation report, and a background check." Question 4 asks "Has your Emergency Medical Responder and/or Emergency Medical Technician and/or Advanced Emergency Medical Technician and/or Paramedic certificate, in this or any other state, ever been suspended, revoked, or placed under disciplinary sanction(s)?" with radio buttons for "Yes" and "No" (selected). At the bottom are two buttons: "Previous" and "Next". The "Next" button is circled in orange.

EMS OHIO EMERGENCY MEDICAL SERVICES EMS and Fire providers testemsfire@gmail.com

Home / Renewal / Renewal Information

Renewal Application for Basic EMT (Certification Number: [redacted])

Renewal Information

* Required

1. Are you renewing at your present level?*

Yes No

2. I certify that I have completed all educational requirements for renewal of my certification as required by Ohio Administrative Code Chapter 4765-8.*

Yes No

(Note: You, as the certificate holder, are responsible for maintaining all supporting documentation.)

3. Do you, as the person accepting responsibility for signing this form, have charges pending or have a conviction for a felony or a misdemeanor (other than a minor traffic violation,) or a judicial finding of eligibility for treatment in lieu of conviction?*

Yes No

If YES, you must complete the DECLARATION OF CRIMINAL HISTORY section of this form and submit supporting documentation. Documentation should include a certified judgment entry from the court where conviction occurred, a certified copy of the police investigation report, and a background check.

4. Has your Emergency Medical Responder and/or Emergency Medical Technician and/or Advanced Emergency Medical Technician and/or Paramedic certificate, in this or any other state, ever been suspended, revoked, or placed under disciplinary sanction(s)?*

Yes No

← Previous Next →

Depending on how you answer the renewal information questions, you may receive a pop-up message like this asking about your answer. Respond to one of the options and then click on “OK”.

Please select the reason!

You have answered **No** to having completed all educational requirements for renewal of your certification as required by Ohio Administrative Code Chapter 4765-8 before the expiration of your present certification.

Please select one of the following:

- I answered **No** by mistake and would like to return to the application to change my answer.
- I would like to exit this renewal application and apply for an extension to complete my educational requirements by using the Request for Extension of EMS Certificate, form EMS 0084.
- I would like to exit this application and not submit it at this time. I understand that the certificate will remain available to renew until the certificate expiration date.
- My answer is correct. I would like to finish the renewal application for this certificate and understand that my application will be referred to the EMS Investigation Section.



If you answer “Yes” to previous convictions or pending charges, this screen will appear. First, indicate which you are reporting and then select the appropriate “+Add” button on the right. Pay careful attention to additional documentation you will need to submit.

EMS OHIO EMERGENCY MEDICAL SERVICES EMS and Fire providers testemsfire@gmail.com

Home / Renewal / DECLARATION OF CRIMINAL HISTORY / SUSPENSION / REVOCATION

Renewal Application for Firefighter II (Certification Number: [REDACTED])

* Required

DECLARATION OF CRIMINAL HISTORY

I am reporting the following:

Both Conviction(s) and Charge(s) Pending
 Charge(s) Pending
 Conviction(s)

+ Add New Pending Charge

Description of Charge(s)	Date of Arrest	Arresting Agency	Court (if known)
No Pending Charge Entered			

+ Add New Conviction

Criminal Conviction	Court Where Conviction Occurred	Conviction Date	Conviction Level	Arresting Police Agency
No Convictions Entered				

If you have been convicted of any felony, a misdemeanor committed in the course of practice, or a misdemeanor involving moral turpitude, you shall immediately provide the Division of Emergency Medical Services (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.
3. Certified copy of the judgment entry from the court in which the conviction occurred.

NOTE: FAILURE TO PROVIDE THE REQUIRED DOCUMENTATION MAY RENDER YOUR APPLICATION INCOMPLETE. INCOMPLETE APPLICATIONS MAY NOT BE PROCESSED.

SUBMIT DOCUMENTATION TO:
 OHIO DEPARTMENT OF PUBLIC SAFETY
 DIVISION OF EMERGENCY MEDICAL SERVICES
 1970 West Broad Street, P.O. Box 182073
 Columbus, OH 43218-2073
 Phone: (800) 233-0785
 Fax: (614) 466-9461

If you have previously disclosed any of the above information to the Division of EMS, please list and explain any disciplinary action taken:

Enter information as required and then select “+Add” to continue. If you are entering BOTH convictions and pending charges, these boxes will appear one after the other on separate screens.

Enter a New Conviction ✕ Close

*** Required**

Criminal Conviction*

Court Where Conviction Occurred*

Conviction Date*

Conviction Level* Felony Misdemeanor

Arresting Police Agency* ✕

Enter a New Pending Charge ✕ Close

*** Required**

Description of Charge(s)*

Date of Arrest*

Arresting Agency* ✕

Court (if known)

If you answer “Yes” to any certificate being suspended, revoked, or placed under disciplinary sanctions, you will need to provide an explanation and then click “Next”.

The screenshot displays the Ohio Emergency Medical Services (EMS) website interface. At the top left is the EMS logo with the text "OHIO EMERGENCY MEDICAL SERVICES". To the right of the logo is the page title "EMS and Fire providers". A breadcrumb trail below the logo reads "Home / Renewal / DECLARATION OF CRIMINAL HISTORY / SUSPENSION / REVOCATION". A dark red header bar contains the text "Renewal Application for Fire Instructor (Certification Number:)". On the right side of this bar is a red asterisk and the text "* Required". The main content area is titled "SUSPENSION / REVOCATION" and contains the instruction: "Provide an explanation for the suspension or revocation of your certificate to practice or certificate to teach, in this state or any other state, and the date the action was taken:*". Below this instruction is a text input field containing the text: "In 2010, certificate was suspended due to not completing the required continuing education." At the bottom of the form are two dark red buttons: "Previous" with a left-pointing arrow and "Next" with a right-pointing arrow.

This is a sample of the attestation you will need to acknowledge if you entered any convictions or pending charges. Attestations will vary depending on the certification. After reading the attestation, you will need to check the box and then click “Next”.

I affirm that I have not been convicted of any other felony or misdemeanor other than the one(s) disclosed herein. I attest that I am the certificate holder or person seeking to obtain certification, and 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 R.C. Section 2921.13 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 affirm that 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. *

[< Previous](#) [Next >](#)

This is a sample of the application attestation at the end of the application. Attestations will vary depending on the certification. After reading the attestation, you will need to check the box and then click ONCE on “Submit Application” when you are finished. The button will change to “Submitting” to indicate the application is being processed. Once submission is complete, you will see the screen on the next page.

The screenshot shows a web interface for EMS and Fire providers. At the top left is the logo for EMS (Ohio Emergency Medical Services) and the text "OHIO EMERGENCY MEDICAL SERVICES EMS and Fire providers". At the top right is the email address "testemsfire@gmail.com". Below the header is a breadcrumb trail: "Home / Renewal / ATTESTATION". The main content area has a dark red header bar that reads "Renewal Application for Firefighter II (Certification Number: [redacted])". Below this, there is a section titled "Please check the box below after you have read the attestation." followed by a paragraph of text. The first line of the paragraph is "I attest that I am the certificate holder or person seeking to obtain certification, and 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 Ohio Revised Code 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 Ohio Revised Code and Chapter 4765-20 of the Ohio Administrative Code. 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 such records are subject to audit by the Division of Emergency Medical Services (EMS). I hereby give permission to the Ohio Department of Public Safety, Division of EMS, to verify any of the above information." The first line of this paragraph is preceded by a checked checkbox. At the bottom of the form are two buttons: "Previous" and "Submit Application".

testemsfire@gmail.com

Home / Renewal / ATTESTATION

Renewal Application for Firefighter II (Certification Number: [redacted])

* Required

Please check the box below after you have read the attestation.

I attest that I am the certificate holder or person seeking to obtain certification, and 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 Ohio Revised Code 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 Ohio Revised Code and Chapter 4765-20 of the Ohio Administrative Code. 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 such records are subject to audit by the Division of Emergency Medical Services (EMS). I hereby give permission to the Ohio Department of Public Safety, Division of EMS, to verify any of the above information. *

Previous Submit Application

After you submit your application, the system will return to this screen where you can select another certificate to renew (if any) or you may view any applications already submitted. The status of the application will be “Pending” or “Needs Approval”. The status definitions are listed at the bottom of the screen.

The screenshot shows the Ohio EMS and Fire Certification Renewal web application. At the top left is the logo for EMS (Ohio Emergency Medical Services) and the text "OHIO EMERGENCY MEDICAL SERVICES EMS and Fire providers". Below the logo is a breadcrumb trail: "Home / Renewal Certification(s) / Submitted Application(s)". The main heading is "Ohio EMS and Fire Certification Renewal".

There are two main sections:

- Certifications:** A table with columns for Certification Type, Certification Name, Expiration Date, and Available to renew until. A "Renew" button is circled in orange for the Firefighter II certification, which expires on 4/26/2016.
- Renewal Applications Submitted:** A table with columns for Certification Name, Date Submitted, and Status*. A "View Application" button is circled in orange for the Emergency Medical Technician certification, which was submitted on 4/15/2016 and has a status of "Needs Approval".

Footnote text at the bottom explains the status definitions:

- Pending** means the certification will become active on the effective date (your birthday). You will receive a new certification card within 7-10 days after it becomes active.
- Needs Approval** means that the Division of EMS staff needs to review the application before it can be processed. For questions, please call the Division of EMS at 1-800-233-0785 or email ems-firecertifications@dps.ohio.gov.

Sample of application submitted. Your contact information will appear. You may print this application for your records if you wish. It only will be available to print until the renewed certificate becomes active on your birthday.

OHIO DEPARTMENT OF PUBLIC SAFETY DIVISION OF EMERGENCY MEDICAL SERVICES			
EMS RENEWAL APPLICATION			
Ohio Certification #: Level of Certification: Emergency Medical Technician Expiration Date: 4/26/2016			
PERSONAL INFORMATION			
LEGAL LAST NAME	LEGAL FIRST NAME	LEGAL MI	SUFFIX
HOME ADDRESS 1		HOME ADDRESS 2	
CITY	STATE Ohio	ZIP CODE 43250	COUNTY OF RESIDENCE Clinton
HOME PHONE NUMBER		CELL PHONE NUMBER	
PRIMARY E-MAIL ADDRESS	SECONDARY E-MAIL ADDRESS	THIRD E-MAIL ADDRESS	
SOCIAL SECURITY NUMBER ON FILE	<small>Disclosure of Social Security number is mandatory pursuant to section 3123.50 of the Ohio Revised Code in furtherance of licensing provisions and any other state or federal requirements.</small>	DATE OF BIRTH 3/26/1980	
ARMED FORCES INFORMATION			
Using the definition of armed forces provided, check all that apply and provide information requested.			
<small>"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)</small>			
<input type="checkbox"/> I am a veteran of the armed forces, discharged / released under honorable conditions. Year of discharge / release _____			
<input checked="" type="checkbox"/> I am a current member of the armed forces.			
<input type="checkbox"/> 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 _____			
<input type="checkbox"/> I am a surviving spouse of a service member or veteran, discharged / released under honorable conditions. Year of veteran's discharge / release _____			
<input type="checkbox"/> None of the above.			
AFFILIATION INFORMATION			
XYZ Ambulance 222 Main Street Fracture OH 33333		Is Primary Affiliation? YES Full-Time	
ABC Fire Department 222 Main Street Fracture OH 33333		Is Primary Affiliation? NO Part-Time	
RENEWAL INFORMATION			
1. Are you renewing at your present level? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> ADVANCED EMERGENCY MEDICAL TECHNICIAN <input checked="" type="checkbox"/> EMERGENCY MEDICAL TECHNICIAN <input type="checkbox"/> EMERGENCY MEDICAL RESPONDER			
2. I certify that I have completed all educational requirements for renewal of my certification as required by Ohio Administrative Code Chapter 4765-8. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Note: You , as the certificate holder, are responsible for maintaining all supporting documentation.			
3. Do you, as the person accepting responsibility for signing this form, have charges pending or have a conviction for a felony or a misdemeanor, other than a minor traffic violation, or a judicial finding of eligibility for treatment in lieu of conviction? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
4. Has your Emergency Medical Responder and/or Emergency Medical Technician and/or Advanced Emergency Medical Technician and/or Paramedic certificate, in this or any other state, ever been suspended, revoked, or placed under disciplinary sanction(s)? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
SUSPENSION / REVOCATION			
Provide an explanation for the suspension or revocation of your certificate to practice or certificate to teach, in this state or any other state, and the date the action was taken:			
Certificate was suspended due to not completing the required continuing education.			
APPLICATION ATTESTATION			
<input checked="" type="checkbox"/> I attest that I am the certificate holder or person seeking to obtain certification, and 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 R.C. Section 2921.13 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 R.C. Section 4765.30 and O.A.C. Chapter 4765-8. 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 that such records are subject to audit by the Division of Emergency Medical Services (EMS). I hereby give permission to the Ohio Department of Public Safety, Division of EMS, to verify any of the above information.			
DATE: <u>4/15/2016</u>			

Sample of email message you will receive confirming which certification(s) you have renewed. The message will change if your application is in “Needs Approval” status.

From: ems-firecertifications@dps.ohio.gov

Sent: Friday, March 25, 2016 10:52:12 AM (UTC-05:00) Eastern Time (US & Canada)

To: '

Subject: [Redirected from QA] Renewal Application Submitted

Your Fire Safety Inspector certification renewal application has been successfully submitted. A new certification card will be printed and sent to you after it becomes effective on your birthday. If you do not receive your certification card in the mail within two weeks of your birthday, please contact the Division of EMS: 1-800-233-0785.

Thank you,
EMS Certifications