



OHIO DEPARTMENT OF PUBLIC SAFETY  
EMERGENCY MEDICAL SERVICES

**DECLARATION OF CRIMINAL HISTORY  
FIRE CERTIFICATES**

**INSTRUCTIONS:** All Information MUST be included. Print legibly and use black or blue ink. Complete the form in its entirety pursuant to Ohio Revised Code (R.C.) Chapter 4765.

LAST NAME	FIRST NAME		MI
HOME ADDRESS	CITY	STATE	ZIP CODE
COUNTY OF RESIDENCE	CERTIFICATION #	HOME PHONE #	WORK PHONE #

**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 (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 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.*

SIGNATURE OF APPLICANT	DATE
X	