

Print Name \_\_\_\_\_

**MINE SAFETY PROGRAM**  
(740) 942-9150

Mail completed application to: **ODNR – Division of Mineral Resources Management**  
**Mine Safety Training Center**  
**43029 Industrial Park Road**  
**Cadiz, Ohio 43907**

**APPLICATION FOR EXAMINATION – Mine Medical Responder**

**EXAMINATION FEE:** All applicants shall pay a fee of two hundred fifty (\$250) dollars; or fifty (\$50) dollars to retake any portion of the exam. Please do not mail this fee with the application! The fee must be paid by check or money order (NO CASH, please) to “Treasurer, State of Ohio”, and presented to the examiner at the time of the Examination.

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Note: Please READ CAREFULLY the following requirements and conditions prior to completing this application.

- All statements made in this application are to be made under oath, notarized, and completed to the best of the applicant's knowledge and belief.
- Any applicant making false statements will be subject to criminal prosecution. This individual shall also be required to surrender any certificate(s) he or she may have received under the Ohio Mine Safety Law.
- Application must be completed by the applicant, in ink, in his or her own handwriting, and submitted to the Division of Mineral Resources Management (DMRM), Mine Safety Program, at the above address.
- This application must be received in the office of the DMRM at least fifteen days prior to the date on which the applicant intends to take the examination

Eligibility requirements for mine medical responder:

- Persons with a current EMT certificate.
  - An EMT-basic or an EMT-1, as defined in ORC 1565.15, whose certification is current shall automatically receive the mine medical responder certification upon submission to the chief of an application for certification and presentation of his or her current EMT certificate. An EMT-basic or an EMT-1 from a state other than Ohio shall also submit to the chief a letter from the certifying authority stating that the applicant’s certification is current and in good standing in the state.
  - An EMT-basic or an EMT-1 who automatically receives the mine medical responder certification under paragraph (B)(1)(a) of this rule shall apply for and successfully complete the continuing training course of paragraph (A)(3) of this rule during the same calendar year as the date of the expiration of his or her EMT-basic or EMT-1 certificate. This person shall attend the entire continuing training course in order to successfully complete it.
- Persons applying for initial mine medical responder training and certification. A person who applies for initial training, examination and certification as a mine medical responder shall be able to read and write the English language and shall show proof of successful completion of new miner training.

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Is applicant an EMT currently in good standing?  Yes  No

Certificate #: \_\_\_\_\_

Has applicant completed Mine Medical Responder training?

Yes  No

\_\_\_\_\_  
(Date of birth (M/D/Y))

\_\_\_\_\_  
(Age on last birthday)

\_\_\_\_\_  
(MIN #)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City) (State)

\_\_\_\_\_  
(Zip code) (County)

\_\_\_\_\_  
(Phone) (Email address optional)

**DO NOT WRITE IN THIS SECTION**

Certificate No. \_\_\_\_\_

Application Received: \_\_\_\_\_

Application Approved: \_\_\_\_\_

Admission Card Mailed: \_\_\_\_\_

Examination Grade: \_\_\_\_\_

**I solemnly swear that the answers I have made to each and all of the following questions are in my own handwriting and are true to the best of my knowledge and belief.** Signature of Applicant \_\_\_\_\_

Subscribed and duly sworn to before me according to law, by the above-named applicant this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_ County of \_\_\_\_\_ and State of \_\_\_\_\_.

(Official Impression Seal)

Signature of Officer \_\_\_\_\_

\_\_\_\_\_  
(Official Title)