



CERTIFICATION APPLICATION

Emergency Care Attendant First Responder-ECA First Responder to EMT-B Modules

INSTRUCTIONS

FOR THE APPLICANT

- 1) This form is to be used by all persons applying for Emergency Care Attendant, First Responder-ECA or First Responder to EMT-Basic Module certification.
- 2) Page 2 is the Statement of Compliance for Certification. Every applicant for a license or certification in the state of Vermont must sign a statement attesting that the applicant is not under an obligation to pay child support or delinquent taxes, and is in good standing with respect to or in full compliance with a plan to pay any and all child support or delinquent taxes as of the date this application is signed. The compliance statement must be completed and signed in order for this application to be processed.
- 3) On Page 3, **PLEASE PRINT** all requested information on the upper half. **NOTE: You must have an affiliation with a licensed ambulance or first responder service to be eligible for certification.** If you are not affiliated now, you will be issued a course completion certificate. If you gain affiliation within two years of your exam, you will be issued an ECA card that will expire two years from the date of your initial exam, upon completion of a new application.
- 4) If you are renewing your ECA or Module certification, you must record your continuing education credits on the Vermont First Responder-ECA and Module Continuing Education Form.
- 5) Page 4 is the Signature Page. The head of your primary service must sign the top section of this page. **NOTE: The signature must be the same as that appearing on the service license application.** After you have read and answered the three questions, sign in the space provided.

FOR THE COURSE COORDINATOR OR SQUAD TRAINING OFFICER

- 1) On Page 3, please check the box that describes the applicant's purpose in filling out this application.
- 2) Print your name and the course number (if this is an exam application) at the bottom of the page, and then sign and date the form attesting that all information on Page 3 is true, to the best of your knowledge.

STATEMENT OF COMPLIANCE FOR CERTIFICATION

1. Child Support (15 V.S.A. Section 795)

A license may not be issued or renewed unless the applicant certifies that he or she is not under an obligation to pay child support or is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date the application is filed. A "license" is any license, certification, or registration issued by any agency to conduct a trade or business, including a license to practice a profession or occupation. "Good standing" means that less than one-twelfth of the annual support obligation is overdue; or liability for any support payable is being contested in a judicial or quasi-judicial proceeding; or the applicant is in compliance with a repayment plan approved by the office of child support or agreed to by the parties. The licensing agency may also find that requiring immediate payment of child support due and payable would impose an unreasonable hardship.

2. Tax Liability (32 V.S.A. Section 3113)

No state agency may renew any license or other authority to conduct a trade or business unless the applicant first verifies in writing that he or she is in good standing with respect to or in full compliance with a plan to pay any and all taxes due as of the date such statement is made. "Good standing" means that no taxes are due and payable; or the liability for any taxes due and payable is on appeal; or the person is in compliance with a payment plan approved by the Commissioner of Taxes. The licensing agency may condition license renewal on terms which would place the applicant in good standing with respect to any and all taxes as soon as possible, if the agency finds an unreasonable hardship.

CERTIFICATE OF COMPLIANCE

I have read the above material concerning child support and tax liability.
I hereby certify that I am not under an obligation to pay child support or I am in good standing, as described above, regarding child support.
I hereby further certify that I am in good standing, as described above, with respect to, or in full compliance with a plan to pay, any and all taxes due as of the date of this statement. This certification is made under the pains and penalties of perjury.

PRINT NAME: _____

FEDERAL TAXPAYER ID
OR SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

ADDRESS: _____

TOWN/CITY: _____ STATE: _____ ZIP: _____

OCCUPATION: _____

SIGNATURE: _____ DATE: _____

PLEASE PRINT

PLEASE PRINT

Vermont EMS #	FR-ECA Exp. Date	Social Security Number or Federal Tax ID number	
Last Name	First Name	Middle Name	
Street Address	Town/City	State	Zip Code
() -	() -	Sex	Date of Birth
1) _____ PRIMARY SERVICE AFFILIATION	2) _____ ADDITIONAL AFFILIATION		

SQUAD TRAINING OFFICER OR COURSE COORDINATOR USE ONLY

Check off the statement below that describes the applicant's purpose in filling out this application:

NEW COURSE

- This applicant has completed a District and Department of Health-EMS approved First Responder Course, but does not currently hold an affiliation with a Vermont licensed EMS agency. (NOTE: Page 4 does not need to be completed for this applicant)
- This applicant has completed an approved First Responder Course and is applying for First Responder-ECA certification.

TRANSITION

- This applicant is currently certified as an ECA under the 1985 curriculum and is applying for First Responder-ECA certification.
- This applicant has been oriented to the 1995 National Standard First Responder Curriculum (**Not taking ECA Transition Exam**).
- This applicant is a current ECA under the 1985 curriculum who is applying for First Responder-ECA certification plus credit for First Responder to EMT-B Modules 1 through 4. I attest that this applicant has been examined and deemed competent in the skills associated with these modules.

RECERTIFICATION

- This applicant is applying to renew his or her ECA certification based on the 1985 ("old") curriculum. The applicant has completed 30 hours of continuing education and has passed a practical exam. **This option is available only once after February 28, 2003.**
- This applicant is applying to renew his or her FR-ECA certification and has completed 12 hours of continuing education at the First Responder-ECA level (recorded on the FR-ECA and Module CE Form).
- This applicant is renewing his or her First Responder-ECA Plus 4 certification. The applicant has completed 12 hours of continuing education at the First Responder-ECA level and 8 hours at the Module 1-4 level (recorded on the FR-ECA and Module CE Form).

MODULE COURSES

- This applicant is applying for Module # _____ authorization. The applicant has successfully completed a course of education as defined in the EMS Rules, and meets the eligibility requirements to take the module examination. The applicant has been examined and deemed competent in the skills associated with this module. If the applicant has taken a module course for the purpose of re-authorization, it is documented on the enclosed FR-ECA and Module CE Form.

To the best of my knowledge, I attest that the above statements and all information documented on Page 4 are true.

Squad Training Officer/Course Coordinator (**PRINT**)

Course Number

Squad Training Officer/Course Coordinator Signature

Date

SIGNATURE PAGE

HEAD OF SERVICE: In signing this application for Vermont certification I attest that the applicant is affiliated with the service listed below:

Name of Vermont Licensed Service	Service Number
Head of Service (Please print)	
Head of Service Signature <small>(This signature must be the same as that appearing on the service's license application)</small>	Date

CANDIDATE: Please answer the following questions

(CIRCLE ONE)

YES NO Are you currently illegally using drugs or have you only recently stopped illegally using drugs? {Ref. EMS Rules Section 11.1602}
If yes, please explain _____

(CIRCLE ONE)

YES NO Have you been convicted of a crime not previously reported to the EMS office? {Ref. EMS Rules 11.14}
If yes, please explain: _____

(CIRCLE ONE)

YES NO Have you ever had an action taken against any professional license or certification that you have held in Vermont or elsewhere?
If yes, please explain: _____

I attest the information contained in this (re)certification application is correct and factual. Any intentional misrepresentation may be deemed by the Commissioner of Health to be in violation of Vermont law, and may subject my certification to conditions, suspension, revocation or denial. I further attest that I have read and understand all information regarding (re)certification and (re)certification examinations contained in this application. Alteration of this document does not relieve me of any duty described in the Department-approved version of this form.

Applicant's signature	Date
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