



**VERMONT DEPARTMENT OF HEALTH
EMERGENCY MEDICAL SERVICES OFFICE
Post Office Box 70, 108 Cherry Street
Burlington, Vermont 05402-0070
1-800-244-0911 (in VT) or 1-802-863-7310**



ADVANCED-EMT LICENSE APPLICATION

THIS IS NOT AN EXAM APPLICATION

Please contact the EMS office for information on registering for an AEMT exam

This form is to be used by all persons applying for an Advanced-EMT initial license after obtaining a National Registry AEMT certification. To be eligible for Vermont A-EMT licensure, you must have an affiliation with an EMS agency licensed at or above the Advanced level or be affiliated with a medical facility that requires you to hold this level of EMS licensure. PLEASE NOTE: A current email address is required for access to free online continuing education.

Please keep a copy of this application for your service's credentialing records.

APPLICANT INFORMATION

_____	_____	X X X - X X - _____
VT EMS # (if applicable)	VT EMS Exp. Date (if applicable)	Last 4 digits of Social Security Number
_____	_____	_____
Last Name	First Name	Middle Name
_____	_____	_____
Address	Town/City	State ZIP
(____) _____ - _____	(____) _____ - _____	_____
Home Phone	Work Phone	Sex Date of Birth
(____) _____ - _____	_____	
Cell Phone	Email Address(es) – Required for FREE online education access	
_____	_____	
Primary Service Affiliation	Additional Service Affiliation	
_____	_____	
Additional Service Affiliation	Additional Service Affiliation	

Prior First Names: _____ **Prior Last Names:** _____

Birth City: _____ **Birth State:** _____ **Birth Country:** _____

National Registry of EMTs Advanced EMT # _____ Expiration Date: _____

Please include a photocopy of your NR-AEMT card with this application.

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

NREMT verified:	YES NO	by: _____	Date _____
Signatures verified:	YES NO	by: _____	Date _____
VCIC verified:	YES NO	by: _____	Date _____
Letter/Card sent	YES NO	by: _____	Date _____
QC Performed	YES NO	by: _____	Date _____
LearnEMS Account	YES N/A	by: _____	Date _____
ListServ	YES N/A	by: _____	Date _____

SIGNATURE PAGE

CANDIDATE: Please answer the following questions

NOTE: The Department of Health will not automatically disqualify applicants based solely upon their answers, but may request additional information. Contact the EMS Office if you are unsure how to answer these questions.

- YES NO Are you currently illegally using drugs or have you only recently stopped illegally using drugs?
{EMS Rule 14.1.5.1}
If yes, please explain: _____

- YES NO Have you ever been convicted of a crime(s) (misdemeanor or felony), or are you presently a defendant in a
criminal proceeding? {EMS Rules Sec. 14} If yes, have you previously disclosed your crime conviction(s) to
the VT EMS Office? YES NO
If not disclosed, please explain: _____

- YES NO Have you ever surrendered, resigned, been denied or had an action taken against any professional license or
that you have held in Vermont or elsewhere? {EMS Rule 14.1.5.7}
If yes, please explain: _____

- NO YES Are you free of obligation to pay child support or in good standing with respect to or in full compliance
with a plan to pay any and all child support ?{15 V.S.A. Section 795}
If no, please explain: _____

- NO YES Are you in good standing with respect to or in full compliance with a plan to pay any and all VT taxes due?
{32 V.S.A. Section 3113}
If no, please explain: _____

- NO YES Are you free of obligation to pay unemployment compensation contributions or in good standing with
respect to or in full compliance with a plan to pay any and all unemployment compensation contributions?
{21 V.S.A. Section 1378}
If no, please explain: _____

- NO YES Do you authorize release to the Vermont Department of Health of any information of reports of abuse,
neglect or exploitation substantiated against you and contained in the Vermont Adult Abuse Registry and/or
the Vermont Child Protection Registry? {EMS Rule 14.1.5.6}

I attest the information contained in this license application is true and accurate. Any intentional misrepresentation may be deemed by the Commissioner of Health to be in violation of Vermont law, and may subject my license to conditions, suspension, revocation or denial. I further attest that I have read and understand all information regarding licensure 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 Name (PRINT) _____ Today's Date: _____

Applicant Signature _____ Your Birth Date: _____

HEAD OF SERVICE: In signing this application for Vermont EMS licensure I attest that the applicant is affiliated with the service listed below and that I am signing **after the applicant has completed the application and I have reviewed the answers to the above questions.**

Name of Vermont Licensed Service	Head of Service (Please print)	Service #
Head of Service Signature	Date	

The only person authorized to sign as Head of Service is the person listed on the service's license application.

DISTRICT MEDICAL ADVISOR: I attest that this applicant meets local medical control requirements and should be licensed at the AEMT license level.

District Medical Advisor	District Number	Date