



**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



VERMONT EMS RECIPROCIITY APPLICATION

This form is to be used by all persons applying for reciprocal Vermont licensure. **Please keep a copy of this application for your service's credentialing records.**

To be eligible for Vermont EMS licensure, you must hold a current National Registry of EMTs certification for the level at which you are applying. You must also be affiliated with an EMS agency licensed at this level or with a medical facility that requires you to hold this license. PLEASE NOTE: A current email address is required for access to free online continuing education.

APPLICANT INFORMATION

_____	_____	X X X – X X – _____	
VT License Number	VT License Exp. Date	Social Security Number (Last 4 digits)	
_____	_____	_____	
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		

LICENSE LEVEL: Emergency Medical Responder EMT Advanced-EMT Paramedic

National Registry Number: _____ National Registry Expiration Date: _____

PLEASE ATTACH A COPY OF YOUR CURRENT NREMT CARD

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 _____

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 11.1.6.1}
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 11.1.4} 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 had an action taken against any professional license or certification that you have held in
Vermont or elsewhere? {EMS Rule 11.1.6.10}
If yes, please explain: _____

YES NO Have you ever applied for and been denied a license or certification, or have you voluntarily surrendered or
resigned a license or certification for any reason in Vermont or elsewhere?
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: _____

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.

FOR A-EMT AND PARAMEDIC LICENSURE ONLY:

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

District Medical Advisor District Number Date