



**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**



**PARAMEDIC LICENSE APPLICATION**

This form is to be used by all persons applying to obtain or renew a Vermont Paramedic license. To be eligible for Vermont Paramedic licensure, you must have an affiliation with an EMS agency licensed at the Paramedic 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

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Please describe your EMS activity:  Part-time employment  Full-time employment  Volunteer – no monetary compensation  
 Volunteer – some monetary compensation (stipend, call pay, etc.)  
 Combination of volunteer/paid employment

Please renew my Critical Care Paramedic endorsement (Attach proof of CCEMTP, BCCTPC, CCP-C or FP-C certification)

National Registry of EMTs Paramedic # \_\_\_\_\_ 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 Updated	YES N/A	by: _____	Date _____

