

Listserv Updated

YES N/A

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. <u>PLEASE NOTE:</u> 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.

	<u>APPLI</u>	CANT INFORM	ATION			
VT EMS # (if applicable)	VT EMS	Exp. Date (if applicable)		X – X X –4 digits of Social Se		
Last Name		First Name		Middle Name		
Address		Town/0	City	State	ZIP	
() Home Phone		Vork Phone	Sex	Date o	f Birth	
Cell Phone	F	Email Address(es) – Required for FREE online education access				
Primary Service Af	filiation		Additional Ser	rvice Affiliation		
Additional Service	Affiliation		Additional Ser	vice Affiliation		
Please describe your EMS ac	☐ Volunteer – son☐ Combination of	ne monetary compensation volunteer/paid employn	on (stipend, call ment	pay, etc.)		
National Registry of EMT		_				
	ASE ATTACH A CO		_			
	DO NOT WRITE BE	ELOW THIS LINE -	OFFICE USE	E 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			

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.

	NO	{EMS Rule 11.1.6.1}	sing drugs or have you only recently stopped illegally using drugs?				
YES	NO	criminal proceeding? {EMS R the VT EMS Office? YES N	d of a crime(s) (misdemeanor or felony), or are you presently a defendant in a Rules Sec. 11} If yes, have you previously disclosed your crime conviction(s) to NO in:				
YES	NO	Vermont or elsewhere? {EMS	ken against any professional license or certification that you have held in Rule 11.1.6.10}				
YES	NO	resigned a license for any reason	been denied a license or certification or have you voluntarily surrendered or in Vermont or elsewhere?				
NO	YES	with a plan to pay any and all	pay child support or in good standing with respect to or in full compliance child support ?{15 V.S.A. Section 795}				
NO	YES	{32 V.S.A. Section 3113}	good standing with respect to or in full compliance with a plan to pay any and all VT taxes due? Section 3113} 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:					
deeme revoca	d by the C tion or der	ommissioner of Health to be in vinial. I further attest that I have rea	oplication is true and accurate. Any intentional misrep- iolation of Vermont law, and may subject my license to ad and understand all information regarding licensure of relieve me of any duty described in the Department-ap	conditions, suspension, contained in this			
Applio	Applicant's Name (PRINT)		Today's Date	Today's Date:			
Applio	cant Signa	ature	Your Birth D	Your Birth Date:			
HEA			pplication for Vermont EMS licensure I attest that I am signing after the applicant has complete				
affilia and I	have rev	iewed the answers to the about	Head of Service (Please print)	 Service #			
affilia and I	have rev			Service #			
affilia and I Name	of Vermo	ont Licensed Service e Signature					
affilia and I Name Head of The of DIST	of Vermo	ont Licensed Service e Signature on authorized to sign as Head	Head of Service (Please print) Date d of Service is the person listed on the service's	s license application.			