



**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 PROVISIONALLY REINSTATED LICENSE APPLICATION

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

To be eligible for a provisionally reinstated Vermont EMS license, you must be affiliated with an EMS agency licensed at this level and **your Vermont EMS license must not have expired prior to June 30, 2018.**

APPLICANT INFORMATION

Vermont EMS # (Office use only)	Expiration date (Office use only)	X X X – X X – _____ 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	
Prior First Names: _____ Prior Last Names: _____		
Birth City: _____ Birth State: _____ Birth Country: _____		
LICENSE LEVEL: <input type="checkbox"/> Emergency Medical Responder <input type="checkbox"/> EMT <input type="checkbox"/> Advanced-EMT <input type="checkbox"/> Paramedic		

NREMT verified:	YES NO N/A	By: _____	Date: _____
Signatures verified:	YES NO	By: _____	Date: _____
VCIC verified:	YES NO	By: _____	Date: _____
Adult Abuse Reg verified:	YES NO	By: _____	Date: _____
Child Abuse Reg verified:	YES NO	By: _____	Date: _____
CE verified:	YES NO N/A	By: _____	Date: _____
Letter/Card sent	YES NO	By: _____	Date: _____
QC Performed	YES NO	By: _____	Date: _____
LMS Account	YES NO N/A	By: _____	Date: _____
Listserv	YES NO 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. I have informed this EMS agency that my Vermont EMS license is expired. **I understand that this license is only valid until December 31, 2021.**

Applicant's Name (PRINT) _____ Today's Date: _____

Applicant Signature _____ Your Birth Date: _____

EMS AGENCY APPROVAL: In signing this application for a provisionally reinstated Vermont EMS license, I attest that the applicant is affiliated with this agency. I attest that I am aware that this applicant's Vermont EMS license is expired and that it is **only valid until December 31, 2021**. I further attest that the applicant has the skills, knowledge and affective competencies to function at the requested level.

_____ Head of Service (Please Print) _____ Head of Service Signature _____ Date

_____ Training Officer (Please Print) _____ Training Officer 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: A-EMT AND PARAMEDIC LICENSURE ONLY:

I acknowledge that this applicant will be issued a provisionally reinstated Vermont EMS license, and 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