



**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 that expired **between June 30, 2016 and December 31, 2017.** To be eligible for a provisionally reinstated Vermont EMS license, you must be affiliated with an EMS agency licensed at this level.

NOTE: There is a separate application to reinstate licenses that expired on or after 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			

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: _____
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: _____

