

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 <u>between June</u> <u>30, 2016 and December 31, 2017</u>. 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.

		AP	PLICA	NT IN	NFORMAT	TION .		
Vermont EMS # (Office use only)			Expiration date (Office use only)			Social Security Number (Last 4 digits)		
Last Name		Firs		First Name		Middle Name		
Address					Town/City		State	ZIP
	(_)					
Home Phone			Work	Phone		Sex	D	ate of Birth
(1 4 1 1	() P :	1.C EDEE 1	1	
Cell Phone			Email	I Address	s(es) – Require	d for FREE online	educatio	on access
Primary Service Affilia	tion					Additional Service	Affiliat	ion
Additional Service Affi	iliation					Additional Service	Affiliat	ion
Prior First Names:				Pri	or Last Name	s:		
Birth City:			Birth Sta	te:		Birth Count	ry	
LICENSE LEVEL: □ E ₁	mergency	Medi	ical Respo	onder	□ЕМТ	☐ Advanced-E	MT	☐ 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:		

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}						
			lication is true and accurate. I have informed t t this license is only valid until December 31					
Applic	ant's Nan	ne (PRINT)	Today's	s Date:				
Applicant Signature		ture	Your B	Your Birth Date:				
agency Decen	7. I attest t 1 ber 31, 2	that I am aware that this applicated. I further attest that the applications in the applications are that the applications are the applications.	ng this application, I attest that the applica ant's Vermont EMS license is expired and plicant has completed the 2018 Statewide encies to function at the requested level.	l that it is only valid until				
Head	of Service	(Please Print)	Head of Service Signature	Date				
		(Please Print) n authorized to sign as Head	Training Officer Signature of Service is the person listed on the ser	Date vice's license application.				
DI	STRIC	Γ MEDICAL ADVISOR	R: A-EMT AND PARAMEDIC L	ICENSURE ONLY:				
			d a <u>provisionally reinstated</u> Vermont EMS ents and should be licensed at the level re					
	ini meets	iour medicur contror requirem		questeu in uns apprication.				