



**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



## **BORDER STATE PERSONNEL CONDITIONAL LICENSURE APPLICATION**

This form is to be used only by persons applying for or renewing a conditional EMR, EMT, A-EMT or Paramedic license when **affiliated solely with a Massachusetts agency that is conditionally licensed in Vermont.**

- Personnel holding National Registry certification should not apply on this form. Use the appropriate reciprocal licensure application available from the Documents section of the Vermont EMS website.
- Personnel who have previously held National Registry certification should contact the VT EMS office for guidance.

On Page 2, please print or type all requested information.

Page 3 is the signature page. The Out-of-State Medical Director and the head of your service must sign in the sections provided on this page (Note: These signatures must be the same as that appearing on the Vermont service license application). After you have read and answered all questions, sign in the space provided.

Submit a copy of your current Massachusetts EMS card with this application.

APPLICANT INFORMATION

PLEASE PRINT

PLEASE PRINT

Vermont EMS # (if recertifying) \_\_\_\_\_ VT Certification Expiration Date \_\_\_\_\_ Social Security Number (last 4 digits) XXX - XX - \_\_\_\_\_

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_ Town/City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Home Phone Work Phone

\_\_\_\_\_ Email Address \_\_\_\_\_ VT-licensed MA-based Service Affiliation \_\_\_\_\_

License Level \_\_\_\_\_ License number \_\_\_\_\_ Expiration date \_\_\_\_\_  
*If you currently hold or have held National Registry certification, do not use this application. Contact the VT EMS Office for guidance.*

I am requesting conditional Vermont (re)licensure as a(n): (check highest level applicable)

EMR                       EMT                       A-EMT                       Paramedic

Other First Names Used: \_\_\_\_\_ Other Last Names Used: \_\_\_\_\_

Birth City: \_\_\_\_\_ Birth State: \_\_\_\_\_ Birth Country: \_\_\_\_\_

**Please attach a copy of your out-of-state EMS license/certification card.**

\*\*\*\*\* DO NOT WRITE BELOW THIS LINE \*\*\*\*\* EMS 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 _____

**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. Any intentional misrepresentation may be deemed by the Commissioner of Health to be in violation of Vermont law, and may subject my license to conditions, suspension, revocation or denial. I further attest that I have read and understand all information regarding licensure contained in this application. Alteration of this document does not relieve me of any duty described in the Department-approved version of this form.

Applicant's Name (PRINT) \_\_\_\_\_ Today's Date: \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Your Birth Date: \_\_\_\_\_

**OUT OF-STATE MEDICAL DIRECTOR:** I certify that the applicant has the training, protocols and medical control to perform in an unrestricted capacity at the level being applied for and should be permitted to function with their home state's scope of practice under out-of-state medical direction when responding with this agency in Vermont

\_\_\_\_\_  
Out-of-State Medical Director's Name (Printed) VT EMS District #

\_\_\_\_\_  
Out-of-State Medical Director's Signature Date

**HEAD OF SERVICE:** In signing this application for Conditional Vermont licensure, I attest that the applicant is affiliated with the service listed below and has support of this organization in pursuing said licensure. I am signing **after the applicant has completed the application and I have reviewed the answers to the above questions.** (This signature must match that appearing on the service's license application.)

\_\_\_\_\_  
Name of Vermont Licensed Service Head of Service (Please print) Service #

\_\_\_\_\_  
Head of Service Signature Date