

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 <u>PROVISIONAL</u> EMR LICENSE APPLICATION FOR OEC-CERTIFIED PERSONNEL

This form is to be used by all persons applying for PROVISIONAL Vermont Emergency Medical Responder licensure with a current Outdoor Emergency Care certification and Vermont EMS agency affiliation.

Please attach a copy of your current OEC certification card

	<u>A</u>	PPLICA	NT INFORMAT	TION .		
				_ X X X – X X –		
Vermont EMS # (Office use or	Vermont EMS # (Office use only) Expiration		n date (Office use only)		Social Security Number (Last 4 digits)	
Last Name		First Name Middle Name				
Address			Town/City		State	ZIP
Home Phone	() Work	r Phone	Sex	Date of	of Birth
		· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	
Cell Phone		Email Address(es) – Required for FREE online education access				
Primary Service Affiliation				Additional Service Affiliation		
Additional Service Aff	iliation			Additional Se	ervice Affiliation	
Prior First Names:			Prior Last Names	s:		
Birth City:		Birth State: Birth		Birth C	rth Country	
PLEASE ATT	ACH A CO	PY OF YO	OUR CURRENT O	DEC CERT	IFICATION (<u>CARD</u>
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:			
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:			
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	criminal proceeding? {EMS Rul the VT EMS Office? YES NO	of a crime(s) (misdemeanor or felony), or are you presently a defendant in a alles Sec. 14} If yes, have you previously disclosed your crime conviction(s) to O				
YES	NO	that you have held in Vermont o	gned, been denied or had an action taken against any professional license or r elsewhere? {EMS Rule 14.1.5.7}				
NO	YES	with a plan to pay any and all ch	pay child support or in good standing with respect to or in full compliance child support?{15 V.S.A. Section 795}				
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}					
		ation contained in this license appl understand that this license is pro	lication is true and accurate. I have a current C visional and cannot be renewed.	outdoor Emergency Care			
Applicant's Name (PRINT) Today's Date:				s Date:			
Applicant Signature Your Birth Date:							
applica not the	ant is affil result of	iated with this agency. I attest t successful completion of a Nat	ng this application for Vermont EMR licer that I am aware this license is based on an tional Registry EMR examination. I furthe etencies to function at the EMR level.	nsure, I attest that the OEC certification and is			
Head of Service (Please Print)		(Please Print)	Head of Service Signature	Date			
		(Please Print)	Training Officer Signature	Date			