



**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 PROVISIONAL 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

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: _____		

PLEASE ATTACH A COPY OF YOUR CURRENT OEC CERTIFICATION CARD

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: _____

