



**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 RECIPROCITY APPLICATION

This form is to be used by all persons applying for reciprocal Vermont licensure. **Please keep a copy of this application for your service's credentialing records.**

To be eligible for Vermont EMS licensure, you must hold a current National Registry of EMTs certification for the level at which you are applying. You must also be affiliated with an EMS agency licensed at or above this level or with a medical facility that requires you to hold this license. **PLEASE NOTE: A current email address is required for access to free online continuing education.**

APPLICANT INFORMATION

_____ X X X – X X – _____
 VT License Number VT License Exp. Date 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: Emergency Medical Responder EMT Advanced-EMT Paramedic

National Registry Number: _____ National Registry Expiration Date: _____

PLEASE ATTACH A COPY OF YOUR CURRENT NREMT CARD

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

NREMT verified: YES NO N/A By: _____ Date: _____

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: _____

