

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



PARAMEDIC LICENSE APPLICATION

This form is to be used by all persons applying to obtain or renew a Vermont Paramedic license. To be eligible for Vermont Paramedic licensure, you must have an affiliation with an EMS agency licensed at the Paramedic level or be affiliated with a medical facility that requires you to hold this level of EMS licensure. <u>PLEASE NOTE:</u> A current email address is required for access to free online continuing education.

Please keep a copy of this application for your service's credentialing records.

	APPLIC	ANT INFORMA	ΓΙΟΝ			
			X X X – X X –			
VT EMS # (if applicable)	VT EMS Ex	VT EMS Exp. Date (if applicable)		Last 4 digits of Social Security Number		
Last Name	Fin	First Name Middle Name				
Address		Town/City	y	State	ZIP	
	()					
Home Phone	Wo	rk Phone	Sex	Date of	of Birth	
Cell Phone	Em	ail Address(es) – Requir	ed for FREE onl	line education ac	ecess	
Primary Service Affilia	tion		Additional Service Affiliation			
Additional Service Affi	liation		Additional Service	ce Affiliation		
Prior First Names:		Prior Last Na	mes:			
Birth City:	Birth State:		Birth Country			
☐ Please renew my Critical Car	e Paramedic endorsement	(Attach proof of CCEN	MTP, BCCTPC,	CCP-C or FP-C	certification)	
National Registry of EMTs P			xpiration Date:			
PLEAS	SE ATTACH A COL	PY OF YOUR CUR	RENT NRE	MT CARD		
<u>*D</u>	O NOT WRITE BEL	OW THIS LINE - O	FFICE USE C	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:				
Letter/Card sent	YES NO	By:				
QC Performed	YES NO	Ву:				
LMS Account	YES NO N/A	By:				
Listserv	YES NO N/A	By:				

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	{EMS Rule 14.1.5.1}	drugs or have you only recently stopped illegally using drugs?				
YES	NO	criminal proceeding? {EMS Rul the VT EMS Office? YES NO	a crime(s) (misdemeanor or felony), or are you presently a defendant in a es Sec. 14} If yes, have you previously disclosed your crime conviction(s) to				
YES	NO	that you have held in Vermont o	ned, been denied or had an action taken against any professional license or elsewhere? {EMS Rule 14.1.5.7}				
NO	YES	with a plan to pay any and all ch	child support or in good standing with respect to or in full compliance ld support ?{15 V.S.A. Section 795}				
NO	YES	{32 V.S.A. Section 3113}	spect to or in full compliance with a plan to pay any and all VT taxes due?				
NO	YES	respect to or in full compliance v {21 V.S.A. Section 1378}	unemployment compensation contributions or in good standing with with a plan to pay any and all unemployment compensation contributions?				
NO	YES		Vermont Department of Health of any information of ated against you and contained in the Vermont Adult egistry? {EMS Rule 14.1.5.6}				
deeme revoca	ed by the Contion or den	ommissioner of Health to be in viol nial. I further attest that I have read	lication is true and accurate. Any intentional misrepre- lation of Vermont law, and may subject my license to and understand all information regarding licensure of ieve me of any duty described in the Department-app	conditions, suspension, ontained in this			
Applio	cant's Na	me (PRINT)	Today's Date:	:			
Appli	Applicant Signature		Your Birth Da	Your Birth Date:			
affilia and I	ted with the have rev		Delication for Vermont EMS licensure I attest that I am signing after the applicant has complete to questions. Head of Service (Please print)				
The o		of Service Signature on authorized to sign as Head (Date of Service is the person listed on the service's				
DIST	TRICT	on authorized to sign as Head o	of Service is the person listed on the service's	license application.			