



**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. PLEASE NOTE: 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.**

**APPLICANT INFORMATION**

\_\_\_\_\_  
VT EMS # (if applicable)                      \_\_\_\_\_  
VT EMS Exp. Date (if applicable)                      X X X - X X - \_\_\_\_\_  
Last 4 digits of Social Security Number

\_\_\_\_\_  
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 renew my Critical Care Paramedic endorsement (Attach proof of CCEMTP, BCCTPC, CCP-C or FP-C certification)

National Registry of EMTs Paramedic # \_\_\_\_\_                      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: _____

