



**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



**EMS LICENSURE AND EXAM APPLICATION  
FOR REGISTERED NURSES AND PHYSICIAN ASSISTANTS**

As a registered nurse or a physician assistant, you may apply for VT EMS licensure at any level without prior EMS education or national EMS certification upon successfully demonstrating to your sponsoring EMS agency, EMS District Medical Advisor and a Vermont licensed Instructor/Coordinator that you have the knowledge, skills, and affective competencies associated with the level you are seeking. You may gain licensure after successfully completing the psychomotor and cognitive examinations associated with that level.

**Instructions:**

1) After receiving the approval of the people listed above, select a test site to take your psychomotor examination and submit this application to the EMS Office for approval. Your application must be signed by all 4 officials listed above. Additionally, you must:

- a) Be sponsored by an ambulance or first responder service licensed at the level sought; and
- b) Meet the age requirement and provisions for crime background screening, tax liabilities, child support payments and similar requirements described by current EMS rule and VT statute.

Page 2: Please read this page carefully before you submit your application. It contains important information about the exam and certification.

Page 3: Please print carefully or type all requested information.

Page 4: Please answer all of the questions and affix your signature to this page. Once you have completed the application, your agency's Head of Service will need to sign attesting to your affiliation with that agency. In addition, your agency's Training Officer and your district's Medical Advisor will need to sign attesting to your competency to apply for this level of Vermont EMS certification.

Page 5: Please write in the location and date of the psychomotor exam site you wish to attend. If your attendance is approved, the Vermont EMS office will return this page to you as confirmation.

2) After the Department has confirmed your eligibility, you must successfully complete the psychomotor skill examination and the National Registry of EMTs cognitive Assessment examination for the level sought. You may register for NREMT cognitive assessment exams at [www.nremt.org](http://www.nremt.org).

Psychomotor Exam Location

Exam Date

## INFORMATION FOR CANDIDATES

The purpose of certification and license examinations is to determine whether candidates have the knowledge and skills which are expected at particular levels of training. It is important that you understand certain things in order to get a fair exam.

1. The local Exam Coordinator has set up the location of the exam, scheduled the date and time and selected the practical examiners.
2. A representative of the Health Department is present to ensure that the exam is conducted properly. **If you feel you have been treated unfairly, it is essential that you speak with the state representative before you leave the testing session.**
3. You must have a Vermont EMS license card in hand before you are considered licensed.
4. In order to be licensed as an EMS provider, you must show appropriate involvement in emergency care (e.g., be affiliated with a licensed ambulance or first responder service).
5. In order to be licensed at an advanced level, you must be affiliated with a service licensed at or above that level.
6. If you do not feel up to taking an exam because of physical illness or some other reason, it is in your best interest to take the exam at another place and time.

Psychomotor examination results will be mailed to you within four weeks. If you need to retest, you will receive written information with your results about how to register for a future exam site. The exam schedule is posted on the Vermont EMS website: [www.vermontems.org](http://www.vermontems.org).

Psychomotor examinations are simulations that cannot be as realistic as field situations, but you should take them seriously in order to do well. The stations have time limits, but you do not need to finish everything at a station to pass.

Retesting: Most people pass the exam on the initial try, but if you fail you are entitled to re-take any (or all) psychomotor stations and/or the cognitive exam at another testing session.

Summary: Your exam should be fair and impartial. You have the responsibility to take the exam seriously and to notify the state representative immediately of any problems. If you fail any part of the exam, you may retest that part two more times.

If you need any special accommodations in order to take this exam, go to the General Policies section of the National Registry of EMTs website at [www.nremt.org](http://www.nremt.org) to learn about their accommodations policies.

Notification: You will be notified in writing of admittance or non-admittance to the exam. If you have not been admitted to the requested exam, you will be provided with a list of alternate exam sites from which to choose. **Remember to write your name and address on the notification page.**

PLEASE PRINT

APPLICANT INFORMATION

PLEASE PRINT

\_\_\_\_\_  
VT EMS Number      VT EMS Exp. Date      VT RN/PA License #      VT RN/PA Exp. Date      SSN (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

1) \_\_\_\_\_ 2) \_\_\_\_\_  
Primary Service Affiliation      Additional Service Affiliation

3) \_\_\_\_\_ 4) \_\_\_\_\_  
Additional Service Affiliation      Additional Service Affiliation

Prior First Names: \_\_\_\_\_ Prior Last Names: \_\_\_\_\_

Birth City: \_\_\_\_\_ Birth State: \_\_\_\_\_ Birth Country: \_\_\_\_\_

LICENSE LEVEL:     EMR       EMT       ADVANCED-EMT       PARAMEDIC

\*\*\*\*\* DO NOT WRITE BELOW THIS LINE \*\*\*\*\* EMS OFFICE USE ONLY \*\*\*\*\*

Psychomotor Exam Station	Exam Attempt #1	Date	Exam Attempt #2	Date	Exam Attempt #3	Date	Comments
Trauma Assessment	P F		P F		P F		
Medical Assessment	P F		P F		P F		
Cardiac Arrest Management	P F		P F		P F		
BVM Ventilation	P F		P F		P F		
O2 Administration by NRB	P F		P F		P F		
Bleeding Control & Shock Management	P F		P F		P F		
Long Bone Immobilization	P F		P F		P F		
Joint Immobilization	P F		P F		P F		

Verifications: (initials and date of individual completing task)

Signatures: \_\_\_\_\_ Date: \_\_\_\_\_ NREMT: \_\_\_\_\_ Date: \_\_\_\_\_ VCIC: \_\_\_\_\_ Date: \_\_\_\_\_

Adult Reg: \_\_\_\_\_ Date: \_\_\_\_\_ Child Reg: \_\_\_\_\_ Date: \_\_\_\_\_ Mail: \_\_\_\_\_ Date: \_\_\_\_\_

QC: \_\_\_\_\_ Date: \_\_\_\_\_ LMS: \_\_\_\_\_ Date: \_\_\_\_\_ LServ: \_\_\_\_\_ Date: \_\_\_\_\_

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 Have you ever been convicted of a crime(s) (misdemeanor or felony), or are you presently a defendant in a criminal proceeding? {EMS Rules Sec. 14} If yes, have you previously disclosed your crime conviction(s) to the VT EMS Office? YES NO  
If not disclosed, please explain: \_\_\_\_\_
- YES NO Have you ever surrendered, resigned, been denied or had an action taken against any professional license or that you have held in Vermont or elsewhere? {EMS Rule 14.1.5.7}  
If yes, please explain: \_\_\_\_\_
- NO YES Are you free of obligation to pay child support or in good standing with respect to or in full compliance with a plan to pay any and all child support ?{15 V.S.A. Section 795}  
If no, please explain: \_\_\_\_\_
- 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}

I attest the information contained in this license application is true and accurate. Any intentional misrepresentation may be deemed by the Commissioner of Health to be in violation of Vermont law, and may subject my license to conditions, suspension, revocation or denial. I further attest that I have read and understand all information regarding licensure contained in this application. Alteration of this document does not relieve me of any duty described in the Department-approved version of this form.

Applicant's Name (PRINT) \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Applicant Signature \_\_\_\_\_ Your Birth Date: \_\_\_\_\_

**HEAD OF SERVICE:** In signing this application for Vermont EMS certification I attest that the applicant is affiliated with the service listed below and that I am signing **after the applicant has completed the application and I have reviewed the answers to the above questions.**

_____ Name of Vermont Licensed Service	_____ Head of Service (Please print)	_____ Service #
_____ Head of Service Signature	_____ Date	

**TRAINING OFFICER, DISTRICT MEDICAL ADVISOR & INSTRUCTOR/COORDINATOR:** We have reviewed the learning objectives/educational guidelines for the requested EMS certification level and hereby verify that the applicant has the knowledge, skills and affective competencies associated with the EMS certification level for which they are applying.

_____ Training Officer or District Training Coordinator Signature	_____ Date
_____ District Medical Advisor	_____ Date
_____ Instructor/Coordinator	_____ Date

# CERTIFICATION EXAMINATION NOTIFICATION

FILL IN BELOW THE LOCATION WHERE YOU WISH TO TAKE THE EXAM:

\_\_\_\_\_

Exam Location	Exam Date
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Level of exam you are requesting:

- EMERGENCY MEDICAL RESPONDER (EMR)
- EMERGENCY MEDICAL TECHNICIAN (EMT)
- ADVANCED EMT (AEMT)
- PARAMEDIC (P)

**FILL IN NAME & ADDRESS BELOW:**

	Your Name
	PO Box / Street Address
	Town/City, State, Zip Code

- Your application has been approved. Bring this notice to the exam site and present it to the state exam proctor.