



**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 LICENSE APPLICATION

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

To be eligible for a provisional Vermont EMS license, you must hold a current National Registry of EMTs PROVISIONAL certification for the level at which you are applying. You must also be affiliated with an EMS agency licensed at this level.

APPLICANT INFORMATION

X X X – X X – _____
Social Security Number (Last 4 digits)

Last Name	First Name	Middle Name	
Address	Town/City	State	ZIP
() -	() -	Sex	Date of Birth
Home Phone	Work Phone	Email Address(es) – Required for FREE online education access	
() -	Cell Phone		

Primary Service Affiliation	Additional Service Affiliation
Additional Service Affiliation	Additional Service Affiliation

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

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: _____

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 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. I have informed this EMS agency that my National Registry certification is provisional because I have not yet passed the psychomotor examination associated with this certification level.

Applicant’s Name (PRINT) _____ Today’s Date: _____
Applicant Signature _____ Your Birth Date: _____

EMS AGENCY APPROVAL: In signing this application for Vermont EMS licensure, I attest that the applicant is affiliated with this agency. I attest that I am aware this applicant has not passed a practical exam and holds a provisional National Registry certification. **I further attest that the applicant has the skills, knowledge and affective competencies to function at the requested level.**

Head of Service (Please Print) Head of Service Signature Date

Training Officer (Please Print) Training Officer Signature Date

The only person authorized to sign as Head of Service is the person listed on the service’s license application.

DISTRICT MEDICAL ADVISOR: A-EMT AND PARAMEDIC LICENSURE ONLY:

I acknowledge that this applicant will be issued a provisional Vermont EMS license, and I attest that this applicant meets local medical control requirements and should be licensed at the level requested in this application.

District Medical Advisor District Number Date