

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 <u>PROVISIONALLY REINSTATED</u> LICENSE APPLICATION

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

To be eligible for a provisionally reinstated Vermont EMS license, you must be affiliated with an EMS agency licensed at this level and **your Vermont EMS license must not have expired prior to June 30, 2018**.

APPLICANT INFORMATION

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

| | Last Name | | First Name | First Name | | | Middle Name | | |
|------|--------------------------------|------------|---|------------|--------------------------------|-------|-------------|--|--|
| | Address | | · · | Town/Ci | ty | State | ZIP | | |
| (| | | () | | | | | | |
| | Home Phone | | Work Phone | | Sex | Date | e 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 | | | | |
| LICE | NSE LEVEL: | □ Emergenc | ey Medical Responder | □ EMT | □ Advanced-H | EMT E | □ Paramedic | | |

| 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 | | Ву: | 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} | | | | |
| | | ation contained in this license application is true and accurate. I have informed this EMS agency that my ense is expired. <u>I understand that this license is only valid until December 31, 2021</u> . | | | | |
| Applicant's Name (PRINT) Today's Date: | | | | | | |
| Applic | Applicant Signature Your Birth Date: | | | | | |
| EMS AGENCY APPROVAL : In signing this application for a provisionally reinstated Vermont EMS license, I attest that the applicant is affiliated with this agency. I attest that I am aware that this applicant's Vermont EMS license is expired and that it is <u>only valid until December 31, 2021</u> . 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 SignatureDate | | | | | | |

Training Officer (Please Print)Training Officer SignatureDateThe 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 <u>provisionally reinstated</u> 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