



**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 PROVISIONALLY REINSTATED 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**

XXX - XX - \_\_\_\_\_  
Social Security Number (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		

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

**LICENSE LEVEL:**     Emergency Medical Responder     EMT     Advanced-EMT     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	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: _____

