



## Application for initial Certification or Reactivation

### Emergency Medical Technician (EMT) & Paramedic Certification

TYPE or PRINT in CAPITAL LETTERS (Please read instructions carefully before completing. All sections of this application are required to be completed unless otherwise noted. Omissions will delay processing.)

EMT
  PARAMEDIC

<b>A. APPLICANT INFORMATION</b>			
Last Name	First Name	Middle Initial	Date of Birth _____/_____/____
Mailing Address for EMS correspondence If your mailing address is a PO Box, provide your street address as well.		City	State
Day time phone # (____) _____		Home phone # (____) _____	Email (optional) _____
<b>B. CRIMINAL BACKGROUND</b>			
Have you ever been convicted of, pled no contest to, or had adjudication withheld on a felony charge? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, see required documentation checklist below.			
Charges: _____			
If convicted, civil rights restored? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Required documentation checklist for felonies:</b>			
<input type="checkbox"/> 1. Law enforcement background check from each state where a felony occurred. Florida—FDLE			
<input type="checkbox"/> 2. The court documents showing final disposition for all cases (i.e. arrest affidavit, probation documents, etc)			
<input type="checkbox"/> 3. Proof of civil rights restoration if applicable.			
<input type="checkbox"/> 4. Your explanation of circumstances surrounding the event(s).			
<input type="checkbox"/> 5. Reference letters if you wish to have them considered			
<b>C. PROFESSIONAL EDUCATION</b> in addition to high school graduation, or its equivalent (GED) SEND COPY OF DIPLOMA			
<b>Training Program Name and Number</b> _____			
<b>Completion/Anticipated completion date</b> _____			
I have met the professional education requirements in one of the four following ways (only complete one section):			
<b>1. 1010</b> <input type="checkbox"/> Trained as an EMT or a Paramedic at a Florida approved program within the last year. Examination must be successfully completed within one year of completion. (Send copy of course completion certificate)			
<b>OR 2. 1011</b> <input type="checkbox"/> Re-exam Date of last examination _____			
<b>OR 3. 1017</b> <input type="checkbox"/> Same as above but requesting fee exemption based on working exclusively as a volunteer.			
<b>OR 4. 1015</b> <input type="checkbox"/> I currently satisfy the training requirements of another state, or U. S. territory as evidenced by proof of course completion and certification/ licensure from that state, territory or federal entity that is in good standing (current, free of disciplinary limitation, and not the subject of current disciplinary investigation or procedure) (STATEMENT OF GOOD STANDING MUST BE RECEIVED FROM YOUR PRIOR STATE or NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS, AS APPLICABLE-see page 4).			
Name of State or US Territory: _____ EMT or Paramedic Certificate # _____ Expiration Date _____			
<b>OR 5. 1016</b> <input type="checkbox"/> I currently satisfy the training requirements of a or federal entity as evidenced by proof of course completion and certification/ licensure from that federal entity that is in good standing (current, free of disciplinary limitation, and not the subject of current disciplinary investigation or procedure) (STATEMENT OF GOOD STANDING MUST BE RECEIVED FROM THE NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS, AS APPLICABLE-see page 4).			
National Registry number _____ Expiration Date _____			
<b>Name and city and state of EMS program</b> _____ <b>date completed</b> _____ (Send copy of course completion certificate)			
<b>OR 5. 1014</b> <input type="checkbox"/> Florida EMTs also licensed in Florida as a Physician, Dentist, RN or PA in Florida and applying for Paramedic:			
_____/_____/_____		_____/_____/_____	
EMT certificate # & expiration date		RN, PA, Physician or Dental license # & expiration date	

**OR 6. 1025**  Florida Paramedic applying for EMT certification (no exam or exam fee required)

**OR 7. 3021**  Reactivation (inactive 12 months or more)

**OR 8. 3020**  Reactivation (inactive 12 months or less)

**D. Professional Rescuer Certification** (you will be subject to audit to assure compliance)

CPR for Professional Rescuer card (EMT)  ACLS card or its equivalent (PMD)

Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

American Heart Association

American Red Cross

Other: specifically list which provider \_\_\_\_\_

**E. EMT applicants only. I have applied to the NREMT. NREMT Candidate number \_\_\_\_\_**

Application will be deemed incomplete without this information.

**F. PERSONAL INFORMATION:** This section is optional.

Gender:  F  M Ethnicity:  White  Native American  Asian/Pacific Islander  Black  Hispanic  Other

**G. Would you be available to provide health care services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major disaster if you employer releases you to do so?**  Yes  No

**H.  I am requesting ADA accommodations for the examination.** (Supporting documentation must be submitted and approved by the ADA coordinator for your examination.)

**CORRESPONDENCE VIA E-MAIL? ... YES ... NO E-MAIL ADDRESS:** \_\_\_\_\_@\_\_\_\_\_

Please print legibly. By checking "yes" you agree to allow the board office to contact you with information regarding your application via e-mail

**I. OATH:** Under penalty of perjury, I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are *true, correct, complete, and made in good faith* and that: I am free from addiction to alcohol or any controlled substance; and I am free from any physical or mental defect or disease (does not apply to applicants for limited certification) that might impair my ability to perform my duties consistent with the applied-for certification.

I, the undersigned, state that I am the person referred to in this application for certification in the State of Florida. I understand that all I attest to in this application is subject to audit by the department.

**MUST BE COMPLETED**

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

**J. Public Records exemption**

Please see page 6 to see if you qualify—being an EMT or Paramedic does NOT qualify you.

I am a **firefighter certified in compliance with s. 633.35,**

I qualify under another exemption from the Public Records laws. Identify the exemption and your basis for qualification for the exemption:

\_\_\_\_\_  
Signature and date



THIS PAGE IS CONFIDENTIAL AND EXEMPT FROM PUBLIC RECORDS DISCLOSURE AND MUST BE SUBMITTED WITH YOUR APPLICATION\*

**Florida Department of Health  
EMT/Paramedic Application**

Name: \_\_\_\_\_  
                                    **Last**                                    **First**                                    **Middle**

**Social Security Number:** \_\_\_\_\_

**This page MUST be submitted with the application.**

\* This page is exempt from public records disclosure. The Department of Health is required and authorized to collect Social Security Numbers relating to applications for professional licensure pursuant to Title 42 USCS § 666 (a)(13).

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Mission Statement: To protect and promote the health of all persons in Florida by diligently regulating health care practitioners and facilities.

4052 Bald Cypress Way, Bin # C85  
Tallahassee, Florida 32399-3285

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Website: [www.doh.state.fl.us/mqa/EMT-Paramedic/](http://www.doh.state.fl.us/mqa/EMT-Paramedic/)



STATEMENT OF GOOD STANDING

This form is used to verify the good standing of EMT or paramedic certification applicants who are certified by another state or United States territory. **It is the applicant's responsibility to send this to his or her certifying state or agency.**

**Part I (Completed by Applicant)**

Name: \_\_\_\_\_ SS# \_\_\_\_\_  
Current Address \_\_\_\_\_  
I am requesting Florida certification based on certification in the following state or territory:  
State \_\_\_\_\_ Cert # \_\_\_\_\_ Exp. Date \_\_\_\_\_

**Part II (Must Completed by the State Certifying Agency)**

Please assist by verifying that the above named individual is currently certified and in good standing according to your certification policies.

A. Is the above individual's certificate(s) deemed current and valid according to your policy?  
 Yes  No

B. Has the above certificate(s) ever been revoked or suspended?  
 Yes **If so, please explain and attach documentation**  No

C. Has the above individual ever been convicted of a felony?  
 Yes **Offense and date of conviction if known:** \_\_\_\_\_  No

D. Do you know of any reason certification in Florida should be denied? (current investigation)  
 Yes  No  
If yes, why? \_\_\_\_\_  
\_\_\_\_\_

Verifying Person's Name and Title \_\_\_\_\_  
Signature of Verifying Person \_\_\_\_\_  
Agency Name and State \_\_\_\_\_  
Phone Number \_\_\_\_\_ Date \_\_\_\_\_

Please mail or fax to: EMT/Paramedic Certification Office  
4052 Bald Cypress Way, Bin # C85  
Tallahassee, Florida 32399-3285

## GENERAL INFORMATION AND APPLICATION INSTRUCTIONS:

This application form (DH 1583,12/08) may be used to apply for initial certification, re-examination or reactivation for EMT or Paramedic. Please return all 3 pages of the application along with your money order or cashier's check. When this application is available online, school documentation, felony information and specifically requested documents will need to be mailed to the department.

Application fees apply for each application.

EMT \$35 Paramedic \$45 Reactivation \$50 (does not include exam fee if applicable)

Paramedic exam fees (\$40) are payable to the exam vendor – DO NOT INCLUDE WITH THIS APPLICATION

EMT exam fees (\$70) are payable to the exam vendor – DO NOT INCLUDE WITH THIS APPLICATION

Mail application and application fee to:

Florida Department of Health  
EMT/PMD/Rad Tech Certification Office  
PO Box 6330  
Tallahassee FL 32314-6330

## EDUCATION

ALL applicants must submit proof of high school graduation (or equivalent, i.e. GED) AND completion of EMT or Paramedic program. If your EMT or Paramedic program was not a FL approved program, you must also submit proof of licensure/certification from another US state or territory (to include federal government agencies).

## PROFESSIONAL RESCUER CERTIFICATION

- An applicant for EMT certification must hold either a current American Heart Association cardiopulmonary resuscitation course card or an American Red Cross cardiopulmonary resuscitation course card or its equivalent as defined by department rule 64J-1.022, Florida Administrative Code.
- An applicant for Paramedic certification must hold a certificate of successful course completion in advanced cardiac life support from the American Heart Association, American Red Cross, or its equivalent as defined by department rule 64J-1.022, Florida Administrative Code.

Go to our website <http://www.doh.state.fl.us/mqa/EMT-Paramedic/> to verify approved courses other than those listed by name.

## ADA ACCOMODATIONS

For special testing accommodations and necessary forms for EMT, please contact the NREMT at 614-888-4484 and for Paramedics please visit the MQA, Testing Services' website at: <http://www.doh.state.fl.us/mqa/Exam/spectest.htm>

## FELONY INFORMATION

**Felony Status-** If you have been convicted or pled no contest, regardless of adjudication, to a **felony** charge, you are required to submit documentation of the date, location, facts, disposition of the charge, and, as applicable, documentation of the status of your civil rights after the felony conviction. You must submit a copy of the judgment of each felony, all probation documents, any documents that are relevant to the felony, your explanation of the offense(s) and any other arrests. You may also submit any current letters of recommendation from your employer, probation officer, or other community leaders that you would like to have considered in this review. The submission of all required documentation is the applicant's responsibility.

## REFRESHER INFORMATION – MUST BE COMPLETED PRIOR TO 4<sup>TH</sup> EXAM ATTEMPT

Pursuant to Chapter 64J-1.012(5), F.A.C., an EMT candidate must document successful completion of 24 hours of department-approved refresher training based on the 1994 U.S. DOT EMT-Basic National Standard Curriculum prior to being scheduled for another attempt at the examination after three failures. An EMT applicant who has failed the examination six times is disqualified from certification and must successfully complete a full EMT training program, as identified in paragraph 64J-1.008(1)(a), F.A.C., prior to being considered for subsequent examination and certification.

Pursuant to Chapter 64J-1.012(6), F.A.C., a paramedic candidate must document successful completion of 48 hours of department-approved refresher training based on the 1998 U.S. DOT EMT-Paramedic National Standard Curriculum prior to being scheduled for another attempt at the certification examination after three failures. A paramedic applicant who has failed the examination six times is disqualified from certification and must successfully complete a full paramedic education program, as identified in paragraph 64J-1.012(5-6), F.A.C., prior to being considered for subsequent examination and certification.

\*Refresher courses can be located at some initial training centers, and by Bureau of EMS approved providers. These can be found on the Bureau Homepage, [www.fl-ems.com](http://www.fl-ems.com)

## Applying to the NREMT

EMT applicants **must** apply to the NREMT via their website at [www.nremt.org](http://www.nremt.org) prior to mailing this application. If you have questions about this process, please contact the NREMT at 614-888-4484. Both your school (Florida graduates) and the EMT certification office will approve you to sit the examination via the NREMT web site. If you are applying with your out of state license, you will register to take the examination for Florida by **ASSESSMENT**.

## Exemption from public records

**Exemption from public records: Your responses in filling out this form are a public record.** That means that any one can request a copy of your completed application form. However we will not supply the following to the requestor: 1. Your social security number; 2. If you are a firefighter certified in compliance s. 633.35, or the spouse or child of a firefighter so certified, your home address, telephone number, photograph, and place of employment. There are similar exemptions for **law enforcement, judges and others. More importantly we will not know you have an exemption unless you tell us.** If you have questions about this, please review Chapter 119.07, F.S., and, in particular, subsection 4 [§119.07(4), F.S.]. Additional information, including answers to frequently asked questions may be had through the Office of the Attorney General of the State of Florida's website, <http://myfloridalegal.com>. Click on "open government", that will get you to an abridged version of the "Government in the Sunshine Manual." For general information on this subject, the Attorney General's telephone number is (850)245-0157.

## Contact Information:

**MQA Call Center:** 850-488-0595

Applications, Application Questions, Change of Address, Copies of Laws and Rules, General Questions, Recertification questions.

## EMT/Paramedic/Rad Tech Certification Office:

**Phone:** 850-245-4910

**Website:** <http://www.doh.state.fl.us/mqa/EMT-Paramedic> or [www.FLhealthsource.com](http://www.FLhealthsource.com)

**E-mail:** zzzz Feedback, MQA\_EMT-Paramedic

**Website for renewal, online application status updates change of address...** [www.flhealthsource.com](http://www.flhealthsource.com)

## Mailing address for application and fees:

Florida Department of Health  
EMT/PMD/Rad Tech Certification Office  
PO Box 6330  
Tallahassee, FL 32314-6330

## Mailing address for any correspondence containing no fees:

Florida Department of Health  
EMT/PMD/Rad Tech Certification Office  
4052 Bald Cypress Way BIN C85  
Tallahassee, FL 32399-3285