



APPLICATION FOR EMT/PARAMEDIC CERTIFICATION:

- *Emergency Medical Technician (2501)*
- *Paramedic (2502)*

Please TYPE or PRINT in ink. Read instructions carefully before completing. All sections of this application are required to be completed unless otherwise noted. Omissions may delay processing.

1. APPLICANT INFORMATION			
Last Name	First Name	Middle Initial	Date of Birth / /
Mailing Address for correspondence	City	State	Zip Code
If your mailing address is a P.O. Box, provide your street address as well.			
Day time phone # (____) _____ Home phone # (____) _____ Email _____			
2. PERSONAL INFORMATION:			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Other			
3. 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 your employer releases you to do so?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
4. CRIMINAL BACKGROUND:			
Have you ever been convicted of, pled <i>nolo contendere</i> (no contest) to, regardless of adjudication to a crime in any jurisdiction?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted in any court in any state of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Charges: _____			
If convicted, were your civil rights restored? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes you are required to submit all of the documents listed below:			
<input type="checkbox"/> Law enforcement background check from each state where a felony occurred. Florida—FDLE			
<input type="checkbox"/> The court documents showing final disposition for all cases (arrest affidavit, probation documents, etc)			
<input type="checkbox"/> Proof of civil rights restoration if applicable			
<input type="checkbox"/> Your explanation of circumstances surrounding the event(s)			
<input type="checkbox"/> Reference letters if you wish to have them considered			

5. APPLICATION METHOD: Indicate below the professional education requirement you have and the type of application you are submitting. If you are a Florida Trained Paramedic, you must decide which examination you would like to take as outlined in Number 7 below.

PROFESSIONAL EDUCATION	INITIAL APPLICATION	RE-EXAM APPLICATION
<input type="checkbox"/> FLORIDA TRAINED EMT (2501)	<input type="checkbox"/> Application Fee \$35.00 (1010)	
<input type="checkbox"/> FLORIDA TRAINED PARAMEDIC / NREMT EXAMINATION (2502)	<input type="checkbox"/> Application Fee \$45.00 (1010)	
<input type="checkbox"/> FLORIDA TRAINED PARAMEDIC / FLORIDA EXAMINATION (2502)	<input type="checkbox"/> Application Fee \$45.00 (1010)	<input type="checkbox"/> Re-Exam \$45.00 (1011)
<input type="checkbox"/> FLORIDA HEALTH PROFESSIONAL (MD, PA, RN, DDS) PARAMEDIC (2502)	<input type="checkbox"/> Application Fee \$45.00 (1014)	
<input type="checkbox"/> OUT-OF-STATE TRAINED EMT With Current NREMT Registration (2501)	<input type="checkbox"/> Application Fee \$35.00 (1015)	
<input type="checkbox"/> OUT-OF-STATE TRAINED PARAMEDIC With Current NREMT Registration (2502)	<input type="checkbox"/> Application Fee \$45.00 (1015)	
<input type="checkbox"/> MILITARY TRAINED EMT With Current NREMT Registration	<input type="checkbox"/> Application Fee \$35.00 (1016)	
<input type="checkbox"/> MILITARY TRAINED EMT With Current NREMT Registration	<input type="checkbox"/> Application Fee \$45.00 (1016)	
<input type="checkbox"/> FLORIDA PARAMEDIC APPLYING FOR EMT (2501)	<input type="checkbox"/> Application Fee \$35.00 (1025)	

6. PROFESSIONAL RESCUER CERTIFICATION: Indicate the card you hold that applies to the level of certification you are seeking.

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

American Heart Association

American Red Cross

Other: specifically list which provider _____

Issue Date: _____

Expiration Date: _____

7. Florida-Trained Paramedic Applicants:

Florida trained applicants for paramedic certification must pass one the state's approved examinations within two years of completion of your training program. There are two options to satisfy this requirement as outlined below:

NREMT Examination: You may elect to take the NREMT examination. If you choose this option, you do not need to apply to the Department of Health for an Authorization to Test. You may schedule your examination directly with the NREMT.

Please note that you will still need to submit this application along with your application fee before you may receive your state certification. If you do not pass the NREMT examination, you are not required to apply to the Department to retake the examination.

If you choose this option, please register for the examination and place your candidate number below.

NREMT Candidate number: _____

Florida Examination: You may elect to take the Florida examination. If you choose this option, you will not be able to sit for the examination without first applying to the Department of Health and receiving an Authorization to Test. If you do not pass the examination, you must reapply to the Department and you may not retake the examination until you receive an Authorization to Test.

8. Florida Trained EMT Applicants:

Florida trained applicants for EMT certification must take and pass the NREMT examination within two years of completion of your training program. You do not need to apply to the Department of Health for an Authorization to Test. You may schedule your examination directly with the NREMT. Please note that you will still need to submit this application along with your application fee before you may receive your certification. If you do not pass the NREMT examination, you are not required to apply to the Department to retake the examination.

If you choose this option, please register for the examination and place your candidate number below.

NREMT Candidate number: _____

9. Out-of-State Trained and Military Trained Applicants:

If you received your training in another state or in the military, you must have a current NREMT certification in order to be licensed in the state of Florida.

10. TRAINING

9a.1. Are you a graduate of a Florida approved training program located in Florida? **Yes** **No**

2. If the answer to question 9a.1. above is No, please skip to question 9b.
If the answer to question 9a.1. above is Yes, provide the date you completed the training program _____

3. Please provide a certificate of course completion from the Florida training program that includes the number of hours and the date of completion.

9b.1. Are you applying for certification based on holding a current certification from the National Registry of Emergency Medical Technicians (NREMT). **Yes** **No**

2. All Applicants who answer Yes to questions 9b.1. must have the NREMT provide a completed "Statement of Good Standing" directly to the Department. The Statement of Good Standing is part of this application.

11. PUBLIC RECORDS EXEMPTION: Pursuant to Section 119.071(5)(o), F.S., Paramedics and EMT's are entitled to have their home address, telephone number, date of birth and photograph(s) exempted from public disclosure upon request to the Department. Please indicate whether you would like the Department to maintain the confidentiality of this information.

Yes

No

12. 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.

Applicant signature _____ 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 USC § 666 (a)(13).

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

Website: <http://www.floridahealth.gov/licensing-and-regulation/emt-paramedics/index.html>

GENERAL INFORMATION AND APPLICATION INSTRUCTIONS

PLEASE READ THESE INSTRUCTIONS COMPLETELY BEFORE MAILING THE APPLICATION.

Any missing documents will slow the processing of your application.

Any reference to “licensure” in this application also means “certification” and “registration.”

This application form (DH 1583, 06/16) may be used to apply for certification for Emergency Medical Technician or Paramedic. You must complete and return pages 1 through 4 of the application and the Certificate of Course Completion, if applicable, along with your money order or cashier's check made payable to the Florida Department of Health.

1. ALL APPLICANTS MUST BE 18 YEARS OF AGE.

2. ALL FORMS are available for download at: <http://www.floridahealth.gov/licensing-and-regulation/emt-paramedics/applications-and-forms/index.html>

3. 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.

You may go to our website: <http://www.floridahealth.gov/licensing-and-regulation/licensing-ems-education/documents/cpr.acls.providers.20151.pdf> to verify approved courses other than those listed above.

- 4. CRIMINAL HISTORY BACKGROUND:** If you answered **YES** to the criminal history question (#4), you must submit the listed documentation and
- Law enforcement background check from each state where a misdemeanor or felony occurred. (For offenses committed in Florida, contact the Florida Department of Law Enforcement, <http://www.fdle.state.fl.us>).
 - Copies of arrest report(s), court documents showing sentence, proof of completing all terms of sentence, including rehabilitation/treatment programs, proof of restoration of civil rights if such rights were removed due to felony conviction.
 - Reference letters and any other information/documents you would like taken into consideration.
- 5. ADA REQUESTS:** Applicants taking the NREMT examination and seeking an ADA accommodation must contact the NREMT directly at (614) 888-4484. All Applicants taking the Florida examination should call (850) 245-4444 X 3973 for ADA requests.
- 6.** When this application is submitted online, certificates of course completion, good standing forms and criminal history documents and specifically requested documents must be mailed, faxed or emailed to the Department.
- 7.** Examination fees are payable directly to the NREMT or Prometric depending on the examination selected.

Your examination scores will not be mailed to you. They will be available approximately 14 days after you sit for the exam at: <http://ww2.doh.state.fl.us/OnlineTestNET/default.aspx>.

BEFORE YOU MAIL YOUR APPLICATION...

- Have all questions on the application been answered?
- Is your application signed and dated?
- Have you enclosed your program certificate of course completion?
- Have you enclosed a money order or cashier check for the application fee?
- If you answered YES to the criminal history questions, have you enclosed the required documents?

Contact Information	
MQA Customer Service Center General Information	850-488-0595
EMT/Paramedic/Rad Tech Certification Office	850-245-4910 (telephone)
Website	http://www.floridahealth.gov/licensing-and-regulation/emt-paramedics/index.html
E-mail	mqa.emt-paramedics@flhealth.gov
License Verification/ Address Change/Renewal	www.flhealthsource.com
Exam Results	http://ww2.doh.state.fl.us/OnlineTestNET/default.aspx
Mailing address for application and fees	Florida Department of Health EMT-Paramedic Certification Office P.O. Box 6330 Tallahassee, FL 32314-6330
Mailing address for any correspondence containing no fees	Florida Department of Health EMT-Paramedic Certification Office 4052 Bald Cypress Way BIN C85 Tallahassee, FL 32399-3285

