



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: (The address where mail and your license should be sent.)

 Street and Number Suite/Apt #

 City State/Province Zip Code Country

Physical Address: (A post office box is not acceptable. If your mailing address is a post office box please provide your street address.)

 Street and Number Suite/Apt #

 City State/Province Zip Code Country

Day time phone # (_____) _____ Home phone # (_____) _____ Cell Phone # (_____) _____

Email address: _____
Email addresses are public records under Florida law. If you do not want your email address released in response to a public records request do not provide an email address or send electronic mail to this office. Instead, contact the office by phone or in writing.

2. PERSONAL INFORMATION:

Gender: Male Female

Ethnicity: White Black Native American Asian/Pacific Islander Hispanic 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?

Yes No

4. CRIMINAL BACKGROUND:

Have you ever been convicted in any court in any state of a felony? Yes No

Charges: _____

If convicted, were your civil rights restored? Yes No

If you answered 'yes', you are required to submit all of the applicable documents listed below:

- Law enforcement background check from each state where a felony occurred. (e.g., Florida—FDLE)
- The court documents showing final disposition for all cases (arrest affidavit, probation documents, etc.)
- Proof of civil rights restoration (if applicable)
- Your explanation of circumstances surrounding the event(s)
- Reference letters (if you wish to have them considered)

5. APPLICATION TYPE: Indicate below the professional education requirement you have completed 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 section 7. Fees listed below are for application for initial certification only. All examination fees are to be paid directly to the vendor.

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

6. PROFESSIONAL CERTIFICATION: Indicate the card you hold that applies to the level of certification you are seeking. (Check all that are applicable.)

- CPR for Professional Rescuer or its equivalent (EMT) ACLS card or its equivalent (Paramedic)
 American Heart Association
 American Red Cross
 Other provider: _____

Issue Date: _____

Expiration Date: _____

7. FLORIDA TRAINED EMT AND PARAMEDIC APPLICANTS:

- 7a.** If you are an applicant for EMT or Paramedic Certification who completed a Florida Training Program and passed the National Registry of Emergency Medical Technicians (NREMT) Certification within two years, please submit your examination date and results to the Department of Health (Department).
- 7b.** If you are an applicant for EMT or Paramedic Certification who completed a Florida Training Program within the last two years, but have not already passed the NREMT Certification Examination please register for the NREMT Certification Examination directly with NREMT and provide your candidate number below. You do not have to wait for approval from the Department to sit for the examination, but you must pass the examination within two years of program completion.

NREMT Candidate Number: _____

- 7c.** If you are an applicant for Paramedic Certification who completed a Florida Training Program within the last two years, but have not already passed the NREMT Certification Examination, and wish to take the Florida Paramedic Examination, please complete this application in its entirety, and wait for approval from the Department to sit for the Florida Paramedic Examination. If you do not pass the Florida Paramedic Examination, you may not retake the examination until you receive an Authorization to Test, by reapplying to the Department.

8. 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 National Registry of Emergency Medical Technicians (NREMT) certification in order to be licensed in Florida.

9. TRAINING:

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

2. If the answer to question 9.a.1. above is No, please skip to question 9.b.

If the answer to question 9.a.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.

9.b.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 9. b.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.

10. PUBLIC RECORDS EXEMPTION: Pursuant to section 119.071(4)(d)2.o., Florida Statutes., Paramedics and EMTs 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

11. I hereby certify that I am not addicted to alcohol or any controlled substance.

Yes

No

12. I hereby certify that I am free from any physical or mental defect or disease that might impair my ability to perform my duties.

Yes

No

OATH OR AFFIRMATION (Must Be Completed):

I, the undersigned, do swear or affirm that I am the person referred to in this application for certification in the state of Florida, that I am at least 18 years of age, I am of good moral character and that I have carefully read the questions in the foregoing application and have answered them completely, without reservation of any kind, and declare under penalty of perjury that the answers and all statements made by me herein and attached are true and correct.

_____[SIGN]
AFFIANT
Name: _____[PRINT]

STATE OF _____
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, _____, by _____
_____ who is personally known OR produced
identification. Type of identification presented: _____.

{NOTARY SEAL}

Signature of Notary Public
Name: _____[PRINT]
Commission No.: _____
Expires: _____



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

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

Name: _____
 Last **First** **Middle**

Social Security Number: _____

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

* 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).

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”.

This application form (DH 1583, 04/17) 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 Florida Administrative Code Rule 64J-1.022.

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 Florida Administrative Code Rule 64J-1.022.

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 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 applicable.
- Reference letters and any other information/documents you would like taken into consideration.

5. AMERICANS WITH DISABILITIES ACT REQUESTS: Applicants taking the National Registry of Emergency Medical Technicians (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, Ext. 3973, for ADA requests.

6. When this application is submitted online, the applicant signature page, 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>.

CONTACT INFORMATION

MQA Customer Service Center General Information	850-488-0595
EMT/Paramedic/Rad Tech Certification Office	850-245-4910 (telephone) 850-921-6365 (fax)
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