



RECERTIFICATION NOTICE AND APPLICATION

Bureau of Emergency Medical Services – Paramedic and EMT

Expiration: 12/01/_____

License Type: Status:

The fee of \$45.00 and the renewal notice must be postmarked on or before December 1, 20 _____. Renewal notices postmarked on or after December 02, 20____, require renewal and delinquent fees of \$70.00.

Name:	
Mailing Address:	Practice Location:
Attention:	Attention:

My mailing address has changed, please see update on Information Sheet.

My practice location address has changed, please see update on Information Sheet.

License/Certificate Status

Change of License/Certificate Status

I wish to change my license/certificate status from Active to Voluntary Inactive. The fee for a Voluntary Inactive status receipt on or before December 01, 20 ____, is \$50.00. You may not practice in this status according to Florida Administrative Code Rule 64J-1.010.

Change of Military Status

I am requesting Military Active status (You need to submit proof of active military duty. Please attach a copy of current active duty orders or a letter from your Commanding Officer). There is no fee for Military Active status.

Name Change

Name changes require legal documentation showing the name change. Please make sure that a photocopy of one of the following accompanies this form: a marriage license (marriage license must indicate the original signature and seal from the clerk of the court), a divorce decree indicating restoration of your maiden name, or a court order (e.g., adoption, name change, or federal identity change). Any one of these will be accepted unless the Department has a question about the authenticity of the document. A driver's license or social security card is not considered legal documentation. If the name change cannot be completed, your license will be renewed using the current name.

Last	First	Middle	Title
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Emergency Registration

Please check if you are renewing in active status and you would 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.

Required Criminal Conviction Question

Please circle YES or NO

Have you ever been convicted or pled nolo contendere, regardless of adjudication, to a felony charge since your last certification?

If you have ever been convicted or pled no contest, regardless of adjudication, to a felony charge within the last two years, you are required to submit documentation of the date, location, facts and 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, and your explanation, must be certified by a court of competent jurisdiction. 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.

Renewal Statement

By submitting the appropriate renewal fees to the Department, I certify that I have complied with all requirements for recertification pursuant to Chapter 401, F.S., and Florida Administrative Code Rule 64J-1, to the best of my knowledge and belief of the statements contained herein and on any attachments are true, correct, complete and made in good faith, I am free from any physical or mental defect or disease that might impair my ability to perform as an emergency medical technician or paramedic (does not apply to those renewing restricted certifications), and I am not addicted to alcohol or any controlled substance.

CONTINUING EDUCATION:

Continuing Education: Verify your Continuing Education Credits. Visit www.cebroker.com to find out more.

NEED HELP?

Visit <http://www.floridahealth.gov/licensing-and-regulation/emt-paramedics/renewal/index.html> for more information.

CHECKLIST FOR MAILING RECERTIFICATION NOTICE/APPLICATION FORM:

If mailing your recertification notice/application form use the checklist below as a guide to ensure your application is complete. Please allow 2-4 weeks processing time.

Required items:

- Recertification Notice/Application Form
- Cashier's Check or Money Order made payable to "Florida Department of Health"
- Mail to:

Florida Department of Health
P.O. Box 6320
Tallahassee, Florida 32314-6320

INFORMATION SHEET

Address Updates

If your address has changed, complete the information below and mail this page with your renewal form.

- Change of Mailing Address

Certificate Number

Last Name

First Name

Middle Initial

Street and Number

City

State

ZIP

Country

Telephone: Primary

Alternate

Cell/Mobile

- Change of Practice Location **(Please note: Practice location must be a street address, not a post office box.)**

Street and Number

City

State

ZIP

Country

- I am not practicing in the State of Florida and wish to change my Practice Location to "Not Practicing in Florida." By checking the box, you are indicating that you do not practice in Florida. The Department website will reflect "Not Practicing in Florida," and your mailing address will be printed on your license.