

REQUEST FOR EMT/PARAMEDIC REACTIVATION OF EXPIRED 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.

profession	FEES: Please submit with your request for reactivation of your expired certificate the appropriate fees for your profession as described below. Payment must be made by check or money order payable to the Florida Department of Health (Department). These fees are not refundable.							
	MTs:	\$45 (\$20 renewal fee pl	us \$25 late fee)					
☐ Pa	aramedics:	\$70 (\$45 renewal fee p	us \$25 late fee)					
. CERTIFICA	ATION INFORM	ATION:						
Certificate N	Number							
Last Name		First Name		Middle Initial	// Date of Birth			
Mailing Add	ress: (The addre	ss where mail and your certif	cate should be sent.)					
Street and N	umber			Su	uite/Apt. #			
City		State/Province		Zip Code	Country			
Physical Ad address.)	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 N	umber			5	Suite/Apt #			
City		State/Provinc)	Zip Code	Country			
Telephone:	Primary	Alternat	e	Cell/Mobile				
Email address(option	onal):							
		ds under Florida law. If you do no end electronic mail to this office.			o a public records request do			

3.	EMTs Only: (See Florida Administrative Code Rule 64J-1.008) (2)(a))
a.	If you are attempting to reactivate your certification in the 2 years following its expiration, please attach to this form the following:
	Proof of completion of 30 hours of EMT refresher training based on the January 2009 U.S. DOT EMT National EMS Education Standards, to include adult and pediatric education with a minimum of 2 hours in pediatric emergencies described in Florida Administrative Code rule 64J-1.008 (2) (a).; and
b.	If you are applying to reactivate your certification in the second renewal cycle following its expiration, attach proof of completion of an additional 30 hours of the course content described in 3. a. above; and
	You must pass the National Registry of Emergency Medical Technicians (NREMT) EMT certification examination before the end of the second renewal cycle.
4.	Paramedics Only: (See Florida Administrative Code Rule 64J-1.009) (2)(a))
a.	If you are attempting to reactivate your certification in the 2 years following its expiration, please attach to this form the following:
	Proof of completion of 30 hours of paramedic refresher training based on the January 2009 U.S. DOT Paramedic National EMS Education Standards, to include adult and pediatric education with a minimum of 2 hours in pediatric emergencies described in Florida Administrative Code rule 64J-1.009 (2) (a).; and
b.	If you are applying to reactivate your certification in the second renewal cycle after its expiration, proof of completion of an additional 30 hours of the course content described in 4.a. above; and
	You must either pass the Florida paramedic exam or the National Registry of Emergency Technicians (NREMT) paramedic certification examination before the end of the second renewal cycle.
5.	PUBLIC RECORDS EXEMPTION: Pursuant to Section 119.071(4)(c)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
6.	I hereby certify that I am not addicted to alcohol or any controlled substance.
	☐ Yes
	□ No
7.	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 reactivation of expired 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	ore me this day of,	,, by
	who is □ personally kn	own OR □ produced
identification. Type of identification presen	ted:	
{NOTARY SEAL}	Signature of Notary Public	
	Name:	[PRINT]
	Commission No.:	
	Expires:	