

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 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: _____