How to use the Online Licensure Application
For Emergency Medical Technician Applicants

Online Licensure Application

• You DO NOT have to complete the application in one sitting
• Information you will need:
  • Valid email address
  • Valid Mailing and Physical address
  • School Name and Graduation date, CPR course information and NREMT candidate number
  • Credit or debit card for payment
How does it work?
Go to www.FLHealthsource.com and select ‘Licensee/Provider’

www.FLHealthSource.com
Find out about a health professional... it's fast, it's free and it's available 24 hours a day.

Medical Quality Assurance (MQA) Services

The Department of Health through Medical Quality Assurance offers many services to our licensees, health care businesses, and citizens and visitors to Florida through our website. Working in conjunction with 22 boards and agencies, MQA licenses and regulates seven types of facilities and 200-plus license types in more than 40 health care professions. Below we have provided access to some of our most requested services.

Citizen/Consumer  License Verification
Licensee/Provider  Renew My License

- If you want to know about your practitioner click on Citizen/Consumer.
- If you are a Florida licensed practitioner or a service provider click on Licensee/Provider.
- If you would like additional information about the profession click on the link below.

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Privacy Statement  Consumer Information  Email Gallery
New Licensee Services
Under the heading 'New Licensee Services', click on 'Apply for Licensure Online'
Creating an account
New applicants will need to select the ‘Create Account’ button

New Applicants will need to create an account using an email address and password

Exam Re-Take Applicants: If you are applying to re-take an examination, please click here.
Creating an account
To create an account: select the profession, enter in your email address, and create a password. 
**Important:** Use an email address that you regularly check. At the end of the application process, a confirmation email and additional instructions will be sent to this address by our automated system.

In order to access your application information, please select your profession, enter your email address and password.

![Create Your Account and Password form](image_url)

**Important:** Use an email address that you regularly check. Your confirmation email and additional instructions will be sent to this address by our automated system.
Requirements Screen
Once you are logged in, you will be directed the requirements page. You can navigate away by either clicking the ‘Basic Data’ tab at the top of the screen or the continue button at the bottom of the screen.

Thank you for your interest in applying for certification in Florida. This online application has been designed to collect the essential information required to process your application in a timely manner.

If you are an Emergency Medical Technician (EMT) or Paramedic (PMED) holding an active license/certificate in the United States or its Territories and you would like to pursue a career in Florida, there are steps you can complete prior to applying online to help expedite the process.

1. Request verification of your license to be sent directly to our office from your original and current states of licensure.
2. Proof of Professional Rescuer Certification.
   - An applicant for Paramedic certification must hold either a current American Heart

Criminal History
If you have been convicted of a felony, please provide the required documentation listed below

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

Attention - While payment by credit/debit card is required by the online application, it may take up to 10 days for the Department of Health to receive payment from the credit card institution. Your application will not be reviewed until monies are received.
Basic Data Screen
Select the type of transaction. For most students, this will be **EMT Florida Graduate Application**. Below the ‘Enter basic Data’ header the data fields are required to move to the next screen. Yellow Information Boxes provide additional information about the information being gathered.
How to Use the Online Initial Application - EMT

**Education Screen**
You must have registered with the NREMT to complete this section so that you can list your candidate number. Provide the information requested and then click the 'ADD' button.

<table>
<thead>
<tr>
<th>Education History</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Please choose the school you attended:</strong></td>
</tr>
<tr>
<td><strong>School Name:</strong> Tallahassee Community College - 032</td>
</tr>
<tr>
<td><strong>Date of Graduation or Anticipated Graduation:</strong> 04/30/2009 (mm/dd/yyyy)</td>
</tr>
<tr>
<td><strong>NREMT Candidate Number:</strong> 2123456789</td>
</tr>
<tr>
<td><strong>Please select which CPR for the Professional Rescuer course you have completed:</strong></td>
</tr>
<tr>
<td><strong>Course Provider:</strong> American Red Cross CPR for the Professional Rescuer</td>
</tr>
<tr>
<td><strong>Issue Date:</strong> 02/01/2009 (mm/dd/yyyy)</td>
</tr>
<tr>
<td><strong>Expiration Date:</strong> 02/28/2011 (mm/dd/yyyy)</td>
</tr>
</tbody>
</table>

You must have registered with the NREMT to complete this section so that you can list your candidate number. Provide the information requested and then click the 'ADD' button.
Background Information Screen
Please answer ‘Yes’ or ‘No’ to the criminal history question. If yes, there are instructions at the conclusion of the application for additional documentation.

If you have been convicted of a felony, please provide the required documentation listed below:

1. Law enforcement background check from each state where a felony occurred.
2. Florida FDLE
3. Court documents showing final disposition for all cases (i.e., arrest, affidavit, probation documents, etc.)
4. Proof of civil rights restoration if applicable.
5. Your explanation of circumstances surrounding the event(s).
6. Reference letters if you wish to have them considered.
**Additional Information Screen:**

If you require a public records exemption based on the information in the yellow box, please select 'Yes'.

### Availability for Disaster

Will you be available to provide health care services in special needs shelters or help staff disaster medical assistance teams during times of emergency or major disaster?

- [ ] Yes
- [ ] No

### Request Public Records Exemption

I am a firefighter certified in compliance with s. 533.36 or I qualify under another exemption from the Public Records laws?

- [ ] Yes
- [ ] No

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Your responses in filling out this form are a public record. That means that any one can request a copy of your filled out form. However, we will not supply the following to the requestor: 1. Your social security number; 2. If you are a firefighter certified in compliance with s. 533.36, or the spouse or child of a firefighter so certified, your home address, telephone number, photograph, and place of employment. There are similar exemptions for law enforcement, judges and others. More importantly, we will not know you have an exemption unless you tell us. If you have questions about this, please review Chapter 119, Florida's Public Records Law. Additional information, including answers to frequently asked questions may be had through the Office of the Attorney General at the Florida Law Legal Services. Click on “open government” that will get you a complete version of the Government in the Sunshine Manual. For general information on this subject, the Attorney General's telephone number is (850) 245-0157.
Review Screen
Once all of the answers are filled in, this review page is presented. Click on the 'Printable Version' button to get a version will print clearly. If you need to change any information, click on the tab at the top and you will go directly to that section.

At the bottom of the screen, there is an affirmation that must be attested to before the application can be paid for and submitted to the Certification Office. If any required information is missing, a pop-up window will display to alert you and the missing information will be highlighted at the top of the page.
Payment Screen

CREDIT CARD PAYMENT

Fee Due: $75.00
Credit Card Number: [No spaces or dashes]
Credit Card Type: [VS - Visa, MC - MasterCard, AX - American Express, DS - Discover]
Expiration Date (MM/YY): 01/08
CVV Number: [What's This?]
Card Holder Name:

*** Attention - It may take up to 10 days for the Department of Health to receive payment from the credit card institution. Your application will not be reviewed until monies are received.***

[Process]
Confirmation Screen
Applications are uploaded to our system twice a day. Once your application is uploaded, you will receive a confirmation email directing you to log into our online systems to print out your completed application and any coversheets that will need to be submitted. These documents can also be retrieved from this system after you receive the email.
Online Application Status Check

- Allows applicants to check application status in real time via www.FLHealthsource.com
- Implemented in January 2009 for EMTs and Paramedics

Applicants will log in using their UserID and password. Please note that if they lose this information they will need to call the call center to get this information.

Welcome to the Division of Medical Quality Assurance Online Services.

If you know your User ID and Password:

1. Select your profession: Emergency Medical Technician
2. Enter your User ID: TestEMT@yahoo.com
3. Enter your Password: ********

*NOTE: User ID and Password are case-sensitive.

Please note your User ID and Password were mailed with your physical license. Look in the center section and refer to the Online Services Instructions, item 48. Your security is important to us; therefore, this information is NOT located on postcard renewal notices.

----------------------------- OR -----------------------------

Would you like to attempt our alternate login process?
If you do not know your User ID and/or Password, you can also login by answering a set of security questions. Please click here: Get Login Help?

Please contact the Department of Health helpdesk to resolve login difficulties:
(904) 488-0595; press menu option 3.
Applicants using their email address will need to create a New UserID and Password for MQA's online system.

Name: TEST EMT STUDENT
As a new applicant for licensure, you must reset your account id and password to continue. A suggested account id is displayed, but you may update it if you wish. Please enter the requested information and click the Update button.

New Account Id: studente

------------------------------------------ AND ------------------------------------------

New Password:
Re-enter New Password:

Update

NOTE: Your new user account id must be between 8 and 10 characters long. Your new password must be between 8 and 10 characters long and contain at least 1 uppercase character.

*** Please note that this password is for Online Services only. If you need to access the Online Initial Application tool, you will still need to use your email address UserID and corresponding password. ***
Additional Documents

Once logged in, select ‘Additional Documents’ from the menu on the left of the screen.

Navigate through until the links for Initial Application and Supporting Documents display. These links will launch Adobe Reader.