SUGGESTED APPLICATION FOR EMERGENCY ALLERGY TREATMENT CERTIFICATION

Client 2503 (1020) ☐ Initial Certification

(2020) ☐ Renewal of Certificate # _____

Fee- The fee for initial certification or renewal is $25.00

PARAMEDIC AND EMERGENCY MEDICAL TECHNICIANS

Please note- Paramedics and Emergency Medical Technicians (EMT's) ARE NOT required to have this certification to administer epinephrine. A Paramedic or EMT that still desires this certificate must pay the fee and answer the questions found in Number 1 relating to Applicant Information.

1. **Applicant Information**

_____(____)_____
Last Name First Name Home Phone Number

_____
Mailing Address City State Zip Code

_____
Date of Birth

License Number (EMT's and Paramedics only): _____

I have or reasonably expect to have responsibility for at least one other person who has severe adverse reactions to insect stings as a result of my occupation or volunteer status, including: (check one)

☐ **camp counselor** ☐ **scout leader** ☐ **school teacher** ☐ **forest ranger**

☐ **tour guide** ☐ **chaperone** ☐ **other** _____

2. **Certification of Training**

I certify, that I received from the below listed physician licensed pursuant to Chapter 458 or 459, F.S., on (date), _____201_, the training required by Section 64J1.019, F.A.C.

_____
Print Physician's Name Physician's License Number and Expiration Date

Florida HEALTH

I certify: (a) I am 18 years of age or older; (b) have, or reasonably expect to have as a result of occupational or volunteer status, responsibility for at least one person who has severe adverse reactions to insect stings; and (c) have successfully completed a minimum of 30 minutes of training conducted by a Florida licensed physician.

_____

Signature of Applicant Date

_____

CONFIDENTIAL AND EXEMPT FROM PUBLIC RECORDS DISCLOSURE*

Florida Department of Health
Emergency Allergy Treatment Application

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

Social Security Number:_____

* This page is exempt from public records disclosure pursuant to subparagraph 119.071(5)(a)2., Florida Statutes, which provides in relevant part: “An agency that collects social security numbers shall also segregate that number on a separate page from the rest of the record, or as otherwise appropriate, in order that the social security number be more easily redacted, if required, pursuant to a public records request.”

4052 Bald Cypress Way, Bin # C85
Tallahassee, Florida 32399-3285

Phone: (850) 245-4910

Website: www.doh.state.fl.us/mqa/EMT-Paramedic/

This Application is Available Online at www.flhealthsource.com

DH Form 1882, July 2014

Application Completion Instructions

Requirements for certification and recertification for those that **ARE NOT** paramedics or emergency medical technicians.
You must:
1. Be 18 years of age or older:
2. Have or reasonably expect to have as a result of occupation or volunteer status, responsibility for at least one other person who has severe adverse reactions to insect stings; and
3. Successfully complete, within the previous 2 years, a training program that meets the requirements listed below.

Training requirements-You must successfully complete a 30-minute training program conducted by a physician licensed in Florida pursuant to Chapter 458 or 459, F. S. The training program must include:

1. Definition of anaphylaxis;
2. Agents which might cause anaphylaxis and the distinction between them, including insect string, drugs, food and inhalants.
3. Recognition of symptoms of anaphylaxis.
4. Appropriate emergency treatment of anaphylaxis as a result of insect stings; and
5. Use of a method of administration of epinephrine, I.E. autoinjector, as a result of insect stings.

Certificates expire on March 1 of each odd-numbered year (2013, 2015). You will be sent a renewal application prior to that date.

Requirements for **Paramedics and EMT's**:
1. Be currently licensed.

Please note- EMT's and Paramedics are not required to have this certification to administer epinephrine.

Fee and Mailing Information

Fee- The fee for initial certification or renewal is $25. Your cashiers check or money order should be payable to FL DOH or MQA. Fees are not refundable.

You may also apply online at www.flhealthsource.com

Please mail completed application and fee to:
EMT/PMD Certification Office
PO Box 6330
Tallahassee FL 32314-6330