VERMONT DEPARTMENT OF HEALTH
EMERGENCY MEDICAL SERVICES OFFICE
Post Office Box 70, 108 Cherry Street
Burlington, Vermont 05402-0070
1-800-244-0911 (in VT) or 1-802-863-7310

ADVANCED-EMT CERTIFICATION APPLICATION

This form is to be used by all persons applying for Advanced-EMT initial certification. To be eligible for Vermont A-EMT certification, you must have an affiliation with an EMS agency licensed at or above the Advanced level or be affiliated with a medical facility that requires you to hold this level of EMS certification.

Please keep a copy of this application for your service's credentialing records.

INSTRUCTIONS

Page 2:

In the top section of this page please provide your demographic and service affiliation information. Please also provide your National Registry A-EMT number and expiration date.

The lower half of this page asks you to provide information about your occupation and additional skills that might be relevant in responding to disasters or other events where additional resources are needed. *Provision of this information is voluntary and does not automatically enlist you for service beyond operations you might normally carry out as part of your EMS agency.*

Page 3:

Please answer the seven questions and then print and sign your name. Please also fill in the application completion date and your date of birth.

Your Head of Service must attest with a signature that you are affiliated with the licensed agency indicated on this application. **The only person authorized to sign as your Head of Service is the person listed on your service's license application.**

Your District Medical Advisor must attest that you meet local medical control requirements and should be certified as an Advanced-EMT.

Please include a photocopy of your NREMT card with this application.

APPLICANT INFORMATION

PLEASE PRINT **PLEASE PRINT**

_____ _____ X X X – X X – _____

VT EMS # (if applicable) VT EMS Exp. Date (if applicable) Last 4 digits of Social Security Number

_____ _____ _____

Last Name First Name Middle Name

_____ _____ _____ _____

Address Town/City State ZIP

(_____)_____-_____ (_____)_____-_____ _____ _____

Home Phone Work Phone Sex Date of Birth

(_____)_____-_____ _____

Cell Phone Email Address(es)

1)_____ 2)_____

Primary Service Affiliation Additional Service Affiliation

3)_____ 4)_____

Additional Service Affiliation Additional Service Affiliation

National Registry of EMTs Advanced EMT #_____ Expiration Date:_____

Request for Supplemental Information

The Vermont Emergency Medical Services system is part of a network of responders who may be called upon in times of disaster. If you wish to be a resource for such an event, please provide the information requested below. *Provision of this information is voluntary and does not automatically enlist you for service beyond operations you might normally carry out as part of your EMS agency.*

What is your occupation: _____

Please list other relevant skills (clerical, counseling, heavy equipment operation, etc.):

_____

Next of Kin or Emergency Contact Information

Primary		**Secondary**	
Full Name	_____	**Full Name**	_____
Relationship	_____	**Relationship**	_____
Address	_____	**Address**	_____
City/State/Zip	_____	**City/State/Zip**	_____
Phone Number	_____	**Phone Number**	_____
Alt. Number	_____	**Alt. Number**	_____

********** **DO NOT WRITE BELOW THIS LINE ******* EMS OFFICE USE ONLY** **********

Credentials verified: YES NO by: _____ Date _____

SIGNATURE PAGE

CANDIDATE: Please answer the following questions

NOTE: The Department of Health will not automatically disqualify applicants based solely upon their answers, but may request additional information. Contact the EMS Office if you are unsure how to answer these questions.

YES NO Are you currently illegally using drugs or have you only recently stopped illegally using drugs? {EMS Rule 11.1.6.1}
If yes, please explain: _____

YES NO Have you ever been convicted of a crime(s) (misdemeanor or felony), or are you presently a defendant in a criminal proceeding? {EMS Rules Sec. 11} If yes, have you previously disclosed your crime conviction(s) to the VT EMS Office? YES NO
If not disclosed, please explain: _____
If yes, please provide complete copies of documentation for each matter.

YES NO Have you ever had an action taken against any professional license or certification that you have held in Vermont or elsewhere? {EMS Rule 11.1.6.10}
If yes, please explain: _____

YES NO Have you ever applied for and been denied a license or certification, or have you voluntarily surrendered or resigned a license or certification for any reason in Vermont or elsewhere?
If yes, please explain: _____

NO YES Are you free of obligation to pay child support or in good standing with respect to or in full compliance with a plan to pay any and all child support ?{15 V.S.A. Section 795}
If no, please explain: _____

NO YES Are you in good standing with respect to or in full compliance with a plan to pay any and all VT taxes due? {32 V.S.A. Section 3113}
If no, please explain: _____

NO YES Are you free of obligation to pay unemployment compensation contributions or in good standing with respect to or in full compliance with a plan to pay any and all unemployment compensation contributions? {21 V.S.A. Section 1378}
If no, please explain: _____

I attest the information contained in this certification application is true and accurate. Any intentional misrepresentation may be deemed by the Commissioner of Health to be in violation of Vermont law, and may subject my certification to conditions, suspension, revocation or denial. I further attest that I have read and understand all information regarding certification contained in this application. Alteration of this document does not relieve me of any duty described in the Department-approved version of this form.

Applicant's Name (PRINT) _____ Today's Date: _____

Applicant Signature_____ Your Birth Date: _____

HEAD OF SERVICE: In signing this application for Vermont EMS certification I attest that the applicant is affiliated with the service listed below and that I am signing **after the applicant has completed the application and I have reviewed the answers to the above questions.**

_____ _____ _____
Name of Vermont Licensed Service Head of Service (Please print) Service #

_____ _____
Head of Service Signature Date

DISTRICT MEDICAL ADVISOR: I attest that this applicant meets local medical control requirements and should be certified at the Advanced-EMT certification level.

_____ _____ _____
District Medical Advisor District Number Date