



**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**



EMT-BASIC RECIPROCITY APPLICATION

This form is to be used by all persons applying for reciprocal Vermont EMT-Basic certification. To be eligible for Vermont EMS certification, you must hold a current National Registry of EMTs Basic or Intermediate 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. You must be affiliated with an EMS agency licensed at this level or with a medical facility that requires you to hold this certification.

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.**

PLEASE ATTACH A COPY OF YOUR CURRENT NREMT CARD

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 11.1.4} 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

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Credentials verified: YES NO by: _____ Date _____