



**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**



**EMERGENCY MEDICAL RESPONDER / FIRST RESPONDER-ECA
LICENSE RENEWAL APPLICATION**

This form is for all persons applying to renew their First Responder-ECA or Emergency Medical Responder license. You must have an affiliation with a licensed EMS agency or be affiliated with a medical facility that requires you to hold this level of EMS licensure. **Please keep a copy of this application for your service's credentialing records.**

Renewing With a Current National Registry FR or EMR Certification:

Unless you have never held a National Registry First Responder certification, you must hold a current National Registry of EMTs First Responder or EMR certification to renew a Vermont FR-ECA or EMR license.

If you have NEVER held a National Registry First Responder Certification:

You must document 12 hours of continuing education as described in the grid at the bottom of this page.

APPLICANT INFORMATION

_____ X X X – X X – _____
 VT EMS Number VT EMS License. Exp. Date Last 4 digits of Social Security Number

_____ Last Name First Name Middle Name

_____ Address Town/City State ZIP

(_____) - _____ (_____) - _____ Sex _____
 Home Phone Work Phone Date of Birth

(_____) - _____
 Cell Phone Email Address(es) – Required for FREE online education access

1) _____ 2) _____
 Primary Service Affiliation Additional Service Affiliation

National Registry # _____ National Registry Expiration Date: _____

**** PLEASE ATTACH A COPY OF YOUR NATIONAL REGISTRY CARD TO THIS APPLICATION****

If you are not renewing with a NR certification, document CE below

Subject	Required Hours	Date	Hours	Date	Hours	Subject	Required Hours	Date	Hours	Date	Hours
Preparatory	1					Circulation	3				
Airway	2					Illness/Injury	3				
Pt. Assessment	2					Childbirth/Children	1				

DO NOT WRITE BELOW – FOR OFFICE USE ONLY

NREMT verified by: _____ Date: _____ Signatures verified by: _____ Date: _____

VCIC verified by: _____ Date: _____ CE verified by: _____ Date: _____

Letter/Card verified by: _____ Date: _____ QC performed by: _____ Date: _____

