

**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**

Recd _____
Complete _____
Elig approved _____
Comments _____

**EMERGENCY MEDICAL TECHNICIAN - BASIC
RECIPROCAL CERTIFICATION APPLICATION**

Instructions:

1. This form is to be used by all persons applying for reciprocal Emergency Medical Technician - Basic certification.
2. Page two is the Statement of Compliance for Certification. Every applicant for a license or certification in the state of Vermont must sign a statement that the applicant is not under an obligation to pay child support or delinquent taxes, or is in good standing with respect to or in full compliance with a plan to pay any and all child support or delinquent taxes as of the date this application is signed. This compliance statement must be completed and signed in order for this application to be processed.
3. On page three, please print or type all requested information.
 - Vermont EMT number (**please leave this blank unless you have held Vermont EMT certification previously**), expiration date and social security number
 - Name, address and telephone numbers
 - Service affiliations - list your primary service affiliation (must be licensed in Vermont) and any additional Vermont affiliations you may have.

NOTE: You must be affiliated with a Vermont licensed ambulance or first responder service to obtain reciprocal EMT certification.
 - Your National Registry Number (if applicable) and expiration date.
 - The state in which you are currently certified at the Basic level.
 - Your current certification level, number and expiration date in that state (the certification must be current).
 - Educational institution or agency that sponsored your EMT course, contact person (name, title, address, phone) and course completion date.
4. Page four is the signature page. The head of your primary Vermont service must fill out and sign the top section. After you have read and answered the three questions, sign in the space provided.
5. Submit with this application copies (front & back) of your current EMT card, certifications, licenses and other pertinent materials. **The most common reason for rejection of an application is failure to submit these materials.**

PLEASE NOTE: Once your application is complete, we will review it and determine whether you are eligible to obtain reciprocal Vermont EMT-Basic certification. Processing of reciprocal EMT applications frequently takes 4 to 6 weeks, depending on how quickly your home state provides information.

STATEMENT OF COMPLIANCE FOR CERTIFICATION

1. Child Support (15 V.S.A. Section 795)

A license may not be issued or renewed unless the applicant certifies that he or she is not under an obligation to pay child support or is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date the application is filed. A "license" is any license, certification, or registration issued by any agency to conduct a trade or business, including a license to practice a profession or occupation. "Good standing" means that less than one-twelfth of the annual support obligation is overdue; or liability for any support payable is being contested in a judicial or quasi-judicial proceeding; or the applicant is in compliance with a repayment plan approved by the office of child support or agreed to by the parties. The licensing agency may also find that requiring immediate payment of child support due and payable would impose an unreasonable hardship.

2. Tax Liability (32 V.S.A. Section 3113)

No state agency may renew any license or other authority to conduct a trade or business unless the applicant first verifies in writing that he or she is in good standing with respect to or in full compliance with a plan to pay any and all taxes due as of the date such statement is made. "Good standing" means that no taxes are due and payable; or the liability for any taxes due and payable is on appeal; or the person is in compliance with a payment plan approved by the Commissioner of Taxes. The licensing agency may condition license renewal on terms which would place the applicant in good standing with respect to any and all taxes as soon as possible, if the agency finds an unreasonable hardship.

CERTIFICATE OF COMPLIANCE

I have read the above material concerning child support and tax liability.

I hereby certify that I am not under an obligation to pay child support or I am in good standing, as described above, regarding child support.

I hereby further certify that I am in good standing, as described above, with respect to, or in full compliance with a plan to pay, any and all taxes due as of the date of this statement. This certification is made under the pains and penalties of perjury.

PRINT NAME: _____

FEDERAL TAXPAYER ID
OR SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

ADDRESS: _____

TOWN/CITY: _____ STATE: _____ ZIP: _____

SIGNATURE: _____ DATE: _____

OCCUPATION: _____

SIGNATURE PAGE

SERVICE AFFILIATION SECTION:

In signing this application for Vermont Emergency Medical Technician – Basic certification I attest that the applicant is affiliated with the service listed below and has support of this organization in pursuing said certification.

Service Name	Service #
Head of Service (Print)	
Head of Service Signature	Date

(This signature must be the same as that appearing on the service's license application.)

APPLICANT INFORMATION SECTION

(CIRCLE ONE)

YES NO Are you currently illegally using drugs or have you only recently stopped illegally using drugs?
{Ref. EMS Rules Section 11.1602}
If yes, please explain:

(CIRCLE ONE)

YES NO Have you been convicted of a crime? {Ref. EMS Rules 11.14}
If yes, please explain:

(CIRCLE ONE)

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

I attest the information contained in this reciprocal certification application is correct and factual. 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 reciprocal certification contained in this application.

Applicant's Signature	Date
-----------------------	------

STATEMENT OF COMPLIANCE FOR CERTIFICATION

1. Child Support (15 V.S.A. Section 795)

A license may not be issued or renewed unless the applicant certifies that he or she is not under an obligation to pay child support or is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date the application is filed. A "license" is any license, certification, or registration issued by any agency to conduct a trade or business, including a license to practice a profession or occupation. "Good standing" means that less than one-twelfth of the annual support obligation is overdue; or liability for any support payable is being contested in a judicial or quasi-judicial proceeding; or the applicant is in compliance with a repayment plan approved by the office of child support or agreed to by the parties. The licensing agency may also find that requiring immediate payment of child support due and payable would impose an unreasonable hardship.

2. Tax Liability (32 V.S.A. Section 3113)

No state agency may renew any license or other authority to conduct a trade or business unless the applicant first verifies in writing that he or she is in good standing with respect to or in full compliance with a plan to pay any and all taxes due as of the date such statement is made. "Good standing" means that no taxes are due and payable; or the liability for any taxes due and payable is on appeal; or the person is in compliance with a payment plan approved by the Commissioner of Taxes. The licensing agency may condition license renewal on terms which would place the applicant in good standing with respect to any and all taxes as soon as possible, if the agency finds an unreasonable hardship.

CERTIFICATE OF COMPLIANCE

I have read the above material concerning child support and tax liability.

I hereby certify that I am not under an obligation to pay child support or I am in good standing, as described above, regarding child support.

I hereby further certify that I am in good standing, as described above, with respect to, or in full compliance with a plan to pay, any and all taxes due as of the date of this statement. This certification is made under the pains and penalties of perjury.

PRINT NAME: _____

FEDERAL TAXPAYER ID
OR SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

ADDRESS: _____

TOWN/CITY: _____ STATE: _____ ZIP: _____

SIGNATURE: _____ DATE: _____

OCCUPATION: _____

SIGNATURE PAGE

SERVICE AFFILIATION SECTION:

In signing this application for Vermont Emergency Medical Technician – Basic certification I attest that the applicant is affiliated with the service listed below and has support of this organization in pursuing said certification.

Service Name Service #

Head of Service (Print)

Head of Service Signature Date

(This signature must be the same as that appearing on the service's license application.)

APPLICANT INFORMATION SECTION

(CIRCLE ONE)

YES NO Are you currently illegally using drugs or have you only recently stopped illegally using drugs?

{Ref. EMS Rules Section 11.1602}

If yes, please explain:

(CIRCLE ONE)

YES NO Have you been convicted of a crime? {Ref. EMS Rules 11.14}

If yes, please explain:

(CIRCLE ONE)

YES NO Have you ever had an action taken against any professional license or certification that you have held in Vermont or elsewhere?

If yes, please explain:

I attest the information contained in this reciprocal certification application is correct and factual. 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 reciprocal certification and certification examinations 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 Signature

Date

H:\EMTBasic Recip App Sig.1201