

Vermont EMS Certification Extension Request Form

**** PLEASE FILL OUT BOTH SIDES ****

I am formally requesting a 6 month extension of my Vermont EMS certification as an:

ECA / First Responder-ECA EMT-Basic EMT-Intermediate

I understand that an extension is granted only in the event that I cannot complete the recertification process before my certification expires. Alteration of this document does not relieve me of any duty described in the Department-approved version of this form. I further understand that an extension **WILL NOT** be granted if:

- 1) This application is received by the EMS Office after my certification has expired
- 2) I am requesting an extension in order to have more time to get continuing education;
- 3) I have yet to take the Vermont certification exam because my certification was obtained through legal recognition of certification or licensure from another state;
- 4) I am requesting an extension for the purpose of re-testing the written exam or practical skills verification; or
- 5) I am already currently on a six-month extension.
- 6) **I have not completed and signed both sides of this Extension Application Form.**

NAME: _____

ADDRESS: _____

Home phone: _____ Work phone: _____

EMS#: _____ Expiration date: _____

Affiliation: _____ Last Exam Date: _____

I am requesting this extension for the following reason:

Signature: _____ Date of Request: _____

* * * * *

FOR OFFICE USE ONLY

Date Received: _____ Verified: _____

Extension Granted: YES NO

Please answer the following questions

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

Since the last time you applied for certification or re-certification:

YES NO Have you been convicted of a crime not previously reported to the EMS Office?

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

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: _____