

**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 - PARAMEDIC  
CERTIFICATION APPLICATION**

Instructions:

1. This form is to be used by all persons applying for Emergency Medical Technician - Paramedic 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 Paramedic Number and expiration date (**leave this blank unless you are recertifying**)
  - 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 licensed at the Paramedic level to be eligible for Vermont EMT-Paramedic (re)certification.**
  - Your National Registry Number and expiration date
  - Check off one of the statements which describes the type of paramedic certification requested.

**NOTE: We are unable to grant extensions for Vermont EMT-Paramedic recertification unless copies of all paperwork which was submitted to the National Registry and this completed application are received by the Vermont EMS office before your expiration date (March 31).**
  
4. Page four is the signature page. The EMS District Medical Advisor and the head of your primary paramedic Vermont service must sign in the sections provided on this page (Note: This signature must be the same as that appearing on the service license application). After you have read and answered the three questions, sign in the space provided.
  
5. Submit with this application copies of your current National Registry EMT-Paramedic card.

**PLEASE NOTE: If you do not receive your new certification within 30 days of submitting your completed application, contact the EMS Office.**

## 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: \_\_\_\_\_

**APPLICANT INFORMATION**

**PLEASE PRINT**

**PLEASE PRINT**

Vermont Paramedic # _____	EMT-P Exp. Date _____	Social Security Number _____
Last Name _____	First Name _____	Middle Name _____
Address _____	Town/City _____	State _____ ZIP _____
(____) _____ - _____ Home Phone	(____) _____ - _____ Work Phone	Sex _____ Date of Birth _____
1) _____ Primary VERMONT Service Affiliation	2) _____ Additional VERMONT Service Affiliation	
National Registry Paramedic Number _____	National Registry Expiration date _____	

**Check off one of the statements below:**

- I am requesting initial certification as a Vermont EMT-Paramedic. Attached please find a copy of my National Registry Paramedic card.
- I am requesting recertification as a Vermont EMT-Paramedic. Attached please find a copy of my National Registry Paramedic card.
- I am requesting an extension to practice as a Vermont EMT-Paramedic. Attached please find a copy of the paperwork that was submitted to the National Registry for Paramedic recertification. I understand the paperwork must reach the Vermont EMS Office on or before March 31 to be considered for an extension to function.

If an extension to function is granted to me, I understand that I have until June 1 to forward a copy of my updated National Registry Paramedic card to the Vermont EMS Office. I also understand that a failure to complete any of the above steps in a timely fashion may result in an inability to function in Vermont as a prehospital provider.

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

Credentials verified:	YES	NO	by: _____	Date _____
Affiliation Verified:	YES	NO	by: _____	Date _____
Card Issued & Computer Updated:	YES	NO	by: _____	Date _____

COMMENTS:

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## SIGNATURE PAGE

**EMS District Medical Advisor Approval:** I certify that the applicant has met district requirements for certification as a Vermont Emergency Medical Technician-Paramedic and may be (re)certified as such.

\_\_\_\_\_  
District Medical Advisor's Name (Printed)

\_\_\_\_\_  
District #

\_\_\_\_\_  
District Medical Advisor's Signature

\_\_\_\_\_  
Date

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**Service Approval:** In signing this application for Vermont Emergency Medical Technician – Paramedic 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.)

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## 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 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. Alteration of this document does not relieve me of any duty described in the Department-approved version of this form.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date