



APPLICATION FOR EMT/PARAMEDIC CERTIFICATION:

- *Emergency Medical Technician (2501)*
- *Paramedic (2502)*

Please TYPE or PRINT in ink. Read instructions carefully before completing. All sections of this application are required to be completed unless otherwise noted. Omissions may delay processing.

1. APPLICANT INFORMATION:

_____/_____/_____
Last Name First Name Middle Initial Date of Birth

Mailing Address: (The address where mail and your license should be sent.)

Street and Number Suite/Apt #

City State/Province ZIP Postal Code Country

Physical Address: (A post office box is not acceptable. If your mailing address is a post office box, please provide your street address.)

Street and Number Suite/Apt #

City State/Province ZIP Postal Code Country

Daytime phone # (____) _____ Home phone # (____) _____ Cell Phone # (____) _____

Email address: _____
Email addresses are public records under Florida law. If you do not want your email address released in response to a public records request do not provide an email address or send electronic mail to this office. Instead, contact the office by phone or in writing.

2. PERSONAL INFORMATION:

Gender: ☐ Male ☐ Female

Ethnicity: ☐ White ☐ Black ☐ Native American ☐ Asian/Pacific Islander ☐ Hispanic ☐ Other

The Department is required to collect this information. It does not affect the applicant's candidacy for certification,

3. Would you be available to provide health care services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major disaster if your employer releases you to do so? See, section 401.273 F.S.

☐ Yes ☐ No

4. A. CRIMINAL BACKGROUND; Section 401.411 F.S.:

Have you ever been convicted in any court in any state or in any federal court of a felony? For responses to this question the term "convicted" means: a determination of guilt of a felony in any court of competent jurisdiction which is the result of a trial of the entry of a plea of guilty or a plea of nolo contendere, regardless of whether adjudication is withheld.

☐ Yes ☐ No

Charges: _____

If convicted, were your civil rights restored? ☐ Yes ☐ No

If you answered 'Yes' to being "convicted" above, you are required to submit all of the applicable documents listed below:

- ☐ Law enforcement background check from each state where a felony conviction occurred. (e.g., Florida—FDLE)
- ☐ The court documents showing final disposition for all cases (arrest affidavit, probation documents, etc.)
- ☐ Proof of civil rights restoration (if applicable)
- ☐ Your explanation of circumstances surrounding the event(s)
- ☐ Reference letters (if you wish to have them considered)

4. B. Criminal History and Background; Section 456.0635 Florida Statutes.

As required by section 456.0635(2), F.S., please answer Yes or No to the questions below. If you answer "Yes" to any of the following questions, please send a written explanation for each such question, including the county and state of each termination, plea, or conviction, the date of each termination, plea, or conviction, and copies of supporting documentation, to the address below. Supporting documentation may include court dispositions or agency orders.

Department of Health
Division of Medical Quality Assurance
Bureau of Operations
4052 Bald Cypress Way, Bin #C-10
Tallahassee, FL 32399-3260

1. ☐ Yes ☐ No Has the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction? **(If you responded "No," skip to question 2.)**
- a. ☐ Yes ☐ No If "Yes" to 1, did the arrest or felony charge resulting in the conviction or plea occur before July 1, 2009? **(If you responded "Yes," skip to question 2.)**
- b. ☐ Yes ☐ No If "Yes" to 1, for the felonies of the first or second degree, has it been more than fifteen (15) years from the date of the plea or conviction, and completion of any sentence or subsequent period of probation?
- c. ☐ Yes ☐ No If "Yes" to 1, for the felonies of the third degree, has it been more than ten (10) years from the date of the plea or conviction, and completion of any sentence or subsequent period of probation? (This question does not apply to felonies of the third degree under section 893.13(6)(a), F.S.)
- d. ☐ Yes ☐ No If "Yes" to 1, for the felonies of the third degree under section 893.13(6)(a), F.S., has it been more than five (5) years from the date of the plea or conviction, and completion of any sentence or subsequent period of probation?
- e. ☐ Yes ☐ No If "Yes" to 1, is the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant currently enrolled in a pretrial diversion or drug court program that allows for the withdrawal of the plea or dismissal of the charges for the

felony offense upon successful completion of that program? (If "Yes", please provide supporting documentation).

2. ☐ Yes ☐ No Since July 1, 2009, has the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)? **(If you responded "No," skip to question 3.)**
- a. ☐ Yes ☐ No If "Yes" to 2, did the sentence and any subsequent period of probation for such conviction or plea end more than fifteen (15) years before the date of this application?
3. ☐ Yes ☐ No Has the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant ever been terminated for cause from the Florida Medicaid Program pursuant to section 409.913, F.S.? **(If you responded "No," skip to question 4.)**
- a. ☐ Yes ☐ No If the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant has been terminated but reinstated, has that person been in good standing with the Florida Medicaid Program for the most recent five (5) years?
4. ☐ Yes ☐ No Has the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant ever been terminated for cause, pursuant to the appeals procedure established by the state, from any other state Medicaid Program? **(If you responded "No," skip to question 5.)**
- a. ☐ Yes ☐ No If the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant has been terminated but reinstated, has that person been in good standing with a state Medicaid program for the most recent five (5) years?
- b. ☐ Yes ☐ No Did the termination occur at least twenty (20) years before the date of this application?
5. ☐ Yes ☐ No Is the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities?

5. APPLICATION TYPE: Indicate below the professional education requirement you have completed and the type of application you are submitting. Fees listed below are for application for certification only. All examination fees are to be paid directly to the vendor.

PROFESSIONAL EDUCATION	INITIAL APPLICATION	RE-EXAM APPLICATION
<input type="checkbox"/> FLORIDA TRAINED EMT (2501)	<input type="checkbox"/> Application Fee \$35.00 (1010)	None
<input type="checkbox"/> FLORIDA TRAINED PARAMEDIC / NREMT EXAMINATION (2502)	<input type="checkbox"/> Application Fee \$45.00 (1010)	None
<input type="checkbox"/> FLORIDA HEALTH PROFESSIONAL/PARAMEDIC (MD, DO, PA, RN, DDS) (2502)	<input type="checkbox"/> Application Fee \$45.00 (1014)	None
<input type="checkbox"/> OUT-OF-STATE TRAINED EMT With Current NREMT Registration (2501)	<input type="checkbox"/> Application Fee \$35.00 (1015)	None
<input type="checkbox"/> OUT-OF-STATE TRAINED PARAMEDIC With Current NREMT Registration (2502)	<input type="checkbox"/> Application Fee \$45.00 (1015)	None
<input type="checkbox"/> MILITARY TRAINED EMT With Current NREMT Registration	<input type="checkbox"/> Application Fee \$35.00 (1016)	None
<input type="checkbox"/> MILITARY TRAINED PARAMEDIC With Current NREMT Registration	<input type="checkbox"/> Application Fee \$45.00 (1016)	None
<input type="checkbox"/> FLORIDA PARAMEDIC APPLYING FOR EMT (2501)	<input type="checkbox"/> Application Fee \$35.00 (1025)	None

6. PROFESSIONAL CERTIFICATION: Indicate the card you hold that applies to the level of certification you are seeking. (Check all that are applicable.)

- ☐ CPR for Professional Rescuer or its equivalent (EMT) ☐ ACLS card or its equivalent (Paramedic)
☐ American Heart Association
☐ American Red Cross
☐ Other provider: _____

Issue Date: _____

Expiration Date: _____

7. FLORIDA TRAINED EMT AND PARAMEDIC APPLICANTS:

- 7a.** If you are an applicant for EMT or Paramedic Certification who completed a Florida Training Program and obtained National Registry of Emergency Medical Technicians (NREMT) Certification or passed the NREMT written examination within two (2) years of date of course completion, please submit your examination date and results to the Department.
- 7b.** If you are an applicant for EMT or Paramedic Certification who completed a Florida Training Program within the last two (2) years, but have not already passed the NREMT written examination please register for the NREMT written examination directly with NREMT and provide your candidate number here. You do not have to wait for approval from the Department to sit for the examination, but you must pass the examination within two (2) years of program completion.

NREMT Candidate Number if applicable: _____.

8. OUT-OF-STATE TRAINED AND MILITARY TRAINED EMT AND PARAMEDIC APPLICANTS:

If you received your training in another state or in the military, you must have a current National Registry of Emergency Medical Technicians (NREMT) certification in order to be licensed in Florida. You must provide your current NREMT certification number below at question 9.b.2.

9. TRAINING:

- 9.a.1.** Are you a graduate of a Florida-approved training program located in Florida? ☐ Yes ☐ No

If the answer to 9.a.1. is yes, provide the training program name:_____.

- 2.** If the answer to question 9.a.1. above is No, please skip to question 9.b.1. below.

If the answer to question 9.a.1. above is Yes, provide the date you completed the training program: _____

- 3.** Please provide a certificate of course completion from the Florida training program that includes the number of hours and the date of completion.

- 9.b.1.** Are you applying for certification based on holding a current certification from the National Registry of Emergency Medical Technicians (NREMT)? ☐ Yes ☐ No

- 2.** If you answer Yes to question 9.b.1.you must provide your NREMT certification number here:_____.

- 10. PUBLIC RECORDS EXEMPTION:** Pursuant to Section 119.071(4)(d)2.o., F.S., Paramedics and EMTs are entitled to have their home address, telephone number, date of birth and photograph(s) exempted from public disclosure upon request to the Department. Please indicate whether you would like the Department to maintain the confidentiality of this information.

☐ Yes

☐ No

- 11.** I hereby certify that I am not addicted to alcohol or any controlled substance.

☐ Yes

☐ No

12. I hereby certify that I am free from any physical or mental defect or disease that might impair my ability to perform my duties.

☐ **Yes**

☐ **No**

13. I hereby certify that I am over the age of eighteen years and that I am the person who is the applicant for Certification in Florida whose signature is affixed below. ☐ Yes ☐ No

OATH: (must be completed)

Under penalties of perjury, I declare that I have read the foregoing application and that the facts stated in it are true.

Applicant

Date



THIS PAGE IS CONFIDENTIAL AND EXEMPT FROM PUBLIC
RECORDS DISCLOSURE AND MUST BE SUBMITTED WITH
YOUR APPLICATION*

**Florida Department of Health
EMT/Paramedic Application**

Name: _____
 Last **First** **Middle**

Social Security Number: _____

This page **MUST** be submitted with the application.

* The Department of Health is required and authorized to collect Social Security Numbers relating to applications for professional licensure pursuant to Title 42 USC § 666 (a)(13).

4052 Bald Cypress Way, Bin C85
Tallahassee, Florida 32399-3285

Website: <http://www.floridahealth.gov/licensing-and-regulation/emt-paramedics/index.html>

GENERAL INFORMATION AND APPLICATION INSTRUCTIONS

PLEASE READ THESE INSTRUCTIONS COMPLETELY BEFORE MAILING THE APPLICATION.

Any missing documents will slow the processing of your application.

Any reference to “licensure” in this application also means “certification” and “registration.”

This application form (DH 1583, 04/17) may be used to apply for certification for Emergency Medical Technician (EMT) or Paramedic. You must complete and return pages 1 through 7 of the application and the Certificate of Course Completion, if applicable, along with your money order or cashier's check made payable to the Florida Department of Health.

1. ALL APPLICANTS MUST BE 18 YEARS OF AGE.

2. ALL FORMS are available for download at: <http://www.floridahealth.gov/licensing-and-regulation/emt-paramedics/applications-and-forms/index.html>.

3. PROFESSIONAL RESCUER CERTIFICATION

An applicant for EMT certification must hold either a current American Heart Association cardiopulmonary resuscitation course card or an American Red Cross cardiopulmonary resuscitation course card or its equivalent as defined by Florida Administrative Code Rule 64J-1.022.

An applicant for Paramedic certification must hold a certificate of successful course completion in advanced cardiac life support from the American Heart Association, American Red Cross, or its equivalent as defined by Florida Administrative Code Rule 64J-1.022.

You may go to our website: <http://www.floridahealth.gov/licensing-and-regulation/licensing-ems-education/documents/cpr.acls.providers.20151.pdf> to verify approved courses other than those listed above.

4. CRIMINAL HISTORY BACKGROUND: If you answered **Yes** to a criminal history question (#4. A. or 4.B.), you must submit the listed documentation and

- ☐ Law enforcement background check from each state where a felony occurred. (For offenses committed in Florida, contact the Florida Department of Law Enforcement, <http://www.fdle.state.fl.us>).
- ☐ Copies of arrest report(s), court documents showing sentence, proof of completing all terms of sentence, including rehabilitation/treatment programs, proof of restoration of civil rights if applicable.
- ☐ Reference letters and any other information/documents you would like taken into consideration.

5. ADA REQUESTS: Applicants taking the National Registry of Emergency Medical Technicians (NREMT) examination and seeking an ADA accommodation must contact the NREMT directly at 614-888-4484.

6. When this application is submitted online, the applicant signature page, certificates of course completion, and criminal history documents and specifically requested documents must be mailed, faxed or emailed to the Department.

7. Examination fees are payable directly to the NREMT.

CONTACT INFORMATION	
MQA Customer Service Center General Information	850-488-0595
EMT/Paramedic/Rad Tech Certification Office	850-245-4910
Website	http://www.floridahealth.gov/licensing-and-regulation/emt-paramedics/index.html
Email	mqa.emt-paramedics@flhealth.gov
License Verification/ Address Change/Renewal	www.flhealthsource.com
Mailing address for application and fees	Florida Department of Health EMT-Paramedic Certification Office P.O. Box 6330 Tallahassee, FL 32314-6330
Mailing address for any correspondence containing no fees	Florida Department of Health EMT-Paramedic Certification Office 4052 Bald Cypress Way, BIN C85 Tallahassee, FL 32399-3285