

# Rhode Island Department of Health Center for Emergency Medical Services

3 Capitol Hill, Room 105 Providence, RI 02908-5097

Application For

### License as an Emergency Medical Services Practitioner

Select the level of EMS license you are applying for (check one): **EMR EMT AEMT** Advanced **Paramedic EMT-Cardiac (AEMT-C)** (Documentation Required) MILITARY STATUS FLIGIBILITY see last page for instructions Please check ONE of the following criteria for expedited application: I am in active military duty or a reservist I am a military veteran with honorable discharge I am the spouse of someone in active military duty or the spouse of a reservist Applicant - Print Name LAST NAME **FIRST NAME** MI \*Do Not Hand Deliver - Application Must Be Mailed\* FOR DEPARTMENT OF HEALTH USE ONLY Approved Denied By EMT# **Expiration Date:** 

Phone: (401) 222-2401 TTY/TDD: (800) 745-5555 Fax: (401) 222-3352

#### GENERAL INFORMATION

- 1. Requirements for EMS practitioner licensure are established by the Rules and Regulations 216-RICR-20-10.2 available through the Center for EMS website at <a href="http://www.health.ri.gov/licenses">http://www.health.ri.gov/licenses</a>
- 2. EMT licensure can be denied pursuant to the provisions of the Rules and Regulations 216-RICR-20-10.2. Statements or documents may be considered sufficient cause to deny or revoke a license as an EMS practitioner in Rhode Island and may result in additional penalties as determined by law. The Department may conduct random application audits, requiring the EMS practitioner applicant to file proof of completion of the above training requirements for renewal.
- 3. Should you have any questions regarding the EMS practitioner license requirements or completion of the application form, contact (401) 222-2401.
- 4. Please allow 4-6 weeks for applications to be processed. You can visit our website at <a href="http://www.health.ri.gov">http://www.health.ri.gov</a> and click on Verify a License in order to check on the status of your application.



PLEASE NOTE: This application form (dated 02/08/2019) supplants all previous versions. Prior versions of the application will not be accepted or processed.

#### APPLICATION INSTRUCTIONS

- Complete all application materials as instructed. Please answer all questions. Incomplete questions or incomplete applications will not be processed. Please mark "NA" on questions that are Not Applicable.
- 2. Do not detach any full pages from this booklet.
- 3. Please type this application using the filliable form online then print the completed application.
- 4. Sign the application and return it with the required fee(s).

Do not submit the application without all applicable information, documentation and fee(s).

Mail the completed application to: (Do Not Hand Deliver)
 Rhode Island Department of Health
 Division of Emergency Medical Services
 Room 104, 3 Capitol Hill
 Providence RI 02908-5097

Please note: Extra postage will be required.

6. Faxed applications WILL NOT be accepted.

PERSONAL CHECKS WILL NOT BE ACCEPTED.
PAYMENT MUST BE A (CASHIER'S CHECK OR MONEY ORDER)

#### REQUIRED DOCUMENTATION

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	1.	<b>ALL</b> applicants at any level must submit an <b>ORIGINAL</b> Bureau of Criminal Identification (BCI) report. You must apply to the	5.	<b>EMR, EMT, AEMT and Paramedic Applicants -</b> photostatic copy of current NREMT Registration		
		Department of Attorney General's Office. For information on this process please visit: <a href="http://www.riag.state.ri.us/homeboxes/BackgroundChecks.php">http://www.riag.state.ri.us/homeboxes/BackgroundChecks.php</a> . Out-of-state applicants should check with the Attorney General's office from their state of residence.		In Addition to 1-6 Out of State AEMT Applicants  Must Also Complete 6-8		
:	2.	Photostatic copy (front and back) of a <b>current - signed</b>	6.	Photostatic copy of EMS Practitioner license from a state other than Rhode Island, if applicable.		
		Healthcare Provider level or equivalent cardiopulmonary resuscitation (CPR) card eg. (American Heart Association Healthcare Provider, American Red Cross Professional Rescuer, American Safety and Health Institute CPRPRO, Medic	7.	Photostatic copy of current registration with the National Registry of Emergency Medical Technicians if applying for EMR, EMT, AEMT or Paramedic.		
		First Aid BLSPRO, or National Safety Council Professional Rescuer CPR). <b>This card must be signed.</b>	8.	Interstate Verification Form completed by each state (other than Rhode Island) in which the applicant has been		
	3.	For First-Time Applicants - photostatic copy of High School Diploma or GED		licensed.		
	4.	Photostatic copy of diploma or certificate from the licensed EMS training provider verifying completion of the EMT training program specific to the level of licensure application.				

IMPORTANT: Licensure is an individual responsibility and NOT the responsibility of your employer or supervisor.



# State of Rhode Island Center for Emergency Medical Services

Application for License as an Emergency Medical Technician

Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens. 1. Name(s) Title (i.e., Mr., Mrs., Ms., etc.) This is the name that will be printed on your license and reported to those who inquire First Name about your license. Do not use nicknames, etc. Middle Name Surname, (Last Name) Suffix (i.e., Jr., Sr., II, III) Maiden, if applicable Name(s) under which originally licensed in another state, if different from above (First, Middle, Last). 2. Social Security Pursuant to Title 5, Chapter 76, of the Rhode Island General Laws, as amended, I attest that I have filed all applicable tax returns and paid all Number U.S. Social Security Number taxes owed to the State of Rhode Island, and I understand that my Social Security Number (SSN) will be transmitted to the Divison of Taxation to verify that no taxes are owed to the State. 3. Gender Male Female 4. Date of Birth 5. Home **Address** 1st Line Address (Apartment/Suite/Room Number, etc.) It is your responsibility to notify the EMS Office of Second Line Address (Number and Street) all address changes. City State Zip Code Country, If NOT U.S. Postal Code, If NOT U.S. Home Phone Home Fax Email Address (Format for email address is Username@domain e.g. applicant@isp.com) 6. Rhode Island Have you ever been licensed as an EMT in Rhode Island? No License If the answer to this question is "yes", provide license number, and if applicable, Please provide enter all other state abbreviation(s) of EMT licenses you hold or may have held in information concern-Question 7. ing your previous licensure in the State of Rhode Island, if Rhode Island License Number MI applicable. Emergency Medical Services - Page 3

#### Applicant: Print your complete last name >

7. Other State Licensure	State/Country: State/Country:
List all states or	Active   Inactive   Active   Active   Inactive   Inactive   Active   Inactive   In
countries in which you are now or ever	Active Inactive Active Inactive
have been licensed to practice as an EMT.	Active Inactive Active Inactive
YOU must send	Active   Inactive Active   Inactive
a copy of the Interstate Verifica- tion Form to each entity (see page 10).	Active Inactive Active Inactive
8. Program Information	Name of Program Director
	Name of Medical Director
	License Number of Instructor-Coordinator
	EMS Training Institution
	Month Day Year Month Day Year
9. Disaster Availability	I am interested in becoming a volunteer emergency responder during a disaster or state of emergency.  Yes No
	during a dispater or state of amorgonay
Availability  10. Rhode Island Ambulance	during a dispater or state of amorgonay
Availability  10. Rhode Island	during a disaster or state of emergency.  Yes No  Licensed Ambulance Service
10. Rhode Island Ambulance Service Affiliation Please list only ONE af-	during a disaster or state of emergency.  Yes No
10. Rhode Island Ambulance Service Affiliation  Please list only ONE affiliation. If you have no affiliation, please mark	during a disaster or state of emergency.  Yes No  Licensed Ambulance Service
10. Rhode Island Ambulance Service Affiliation  Please list only ONE affiliation. If you have no	during a disaster or state of emergency.  Yes No  Licensed Ambulance Service  1st Line Address (Department/Suite/Room Number, etc.)  Second Line Address (Number and Street)
10. Rhode Island Ambulance Service Affiliation  Please list only ONE affiliation. If you have no affiliation, please mark	during a disaster or state of emergency.  Yes No  Licensed Ambulance Service  1st Line Address (Department/Suite/Room Number, etc.)
10. Rhode Island Ambulance Service Affiliation  Please list only ONE affiliation. If you have no affiliation, please mark	during a disaster or state of emergency.  Yes No  Licensed Ambulance Service  1st Line Address (Department/Suite/Room Number, etc.)  Second Line Address (Number and Street)
10. Rhode Island Ambulance Service Affiliation  Please list only ONE affiliation. If you have no affiliation, please mark	during a disaster or state of emergency.  Yes No  Licensed Ambulance Service  1st Line Address (Department/Suite/Room Number, etc.)  Second Line Address (Number and Street)  City  State  Zip Code
10. Rhode Island Ambulance Service Affiliation  Please list only ONE affiliation. If you have no affiliation, please mark	during a disaster or state of emergency.  Yes No  Licensed Ambulance Service  Ist Line Address (Department/Suite/Room Number, etc.)  Second Line Address (Number and Street)  City State Zip Code  Country, If NOT U.S.  Postal Code, If NOT U.S.
10. Rhode Island Ambulance Service Affiliation  Please list only ONE affiliation. If you have no affiliation, please mark question as NA.  11. Licensed Ambulance Service Verification  To be completed by	during a disaster or state of emergency.  Yes No  Licensed Ambulance Service  Ist Line Address (Department/Suite/Room Number, etc.)  Second Line Address (Number and Street)  City State Zip Code  Country, If NOT U.S.  Postal Code, If NOT U.S.  Business Phone Extension Business Fax  I hereby certify that is a bonafide member of my
10. Rhode Island Ambulance Service Affiliation  Please list only ONE affiliation. If you have no affiliation, please mark question as NA.  11. Licensed Ambulance Service Verification	during a disaster or state of emergency.  Yes No  Licensed Ambulance Service  Ist Line Address (Department/Suite/Room Number, etc.)  Second Line Address (Number and Street)  City State Zip Code  Country, If NOT U.S.  Postal Code, If NOT U.S.  Business Phone Extension Business Fax  I hereby certify that is a bonafide member of my
10. Rhode Island Ambulance Service Affiliation  Please list only ONE affiliation. If you have no affiliation, please mark question as NA.  11. Licensed Ambulance Service Verification  To be completed by Chief of department or	during a disaster or state of emergency.    Yes

#### Applicant: Print your complete last name >

12. Active	Are you or your spouse a veteran or active military?								
Military or Veteran	Yes, I am a veteran or active military								
veteran	Yes, my spouse is a veteran or active military								
	No, neither I nor my spouse would be considered veterans or active military								
	If applying for expedited military status, please complete the Military Expedition	Form at the	e end of						
	this application packet.								
13. Criminal Convictions  Respond to the question at the top of the section, then list any criminal	Have you ever been convicted of a violation, pleaded <i>Nolo Contendere</i> , or entered a plea bargain to any federal, state or local statute, regulation, or ordinance, or are any formal charges pending?  Abbreviation of State and Conviction¹ (e.g. CA - Illegal Possession of a Controlled Substance):	Yes	No No						
conviction(s) in the space provided.		Month	Year						
If necessary, you may continue on a									
separate 8½ x 11 sheet of paper.									
14. Disciplinary Questions Check either Yes	Has any health professional license, certificate, registration, or permit you hold or have held, been disciplined or are formal charges pending?	Yes	No						
or No for each question.	Have you ever been denied a health professional license, certificate registration or permit in any state?	Yes	No No						
	Has an Ambulance Service, for any reason, ever suspended, restricted, or placed on probation your EMS privilege to practice?	Yes	No No						
	Note: If you answer "Yes" to any question, you are required to furnish complete details, including date, place, reason and disposition of the matter. You may use the space below or, if needed, on a separate sheet of paper.								

#### Applicant: Print your complete last name > Please provide certification information below: 15. National Registration NREMT#: **Expiration Date:** Month Day Year Exam Date: Month Day 16. Payment of Fees Select appropriate fees and enclose pay-ment as instructed. **PERSONAL TOTAL ENCLOSED** .00 **CHECKS ARE NOT ACCEPTED** I am exempt from application fees (see below, must complete Items #10 and #11) **CASHIER'S CHECK OR MONEY ORDERS** EXEMPTIONS: Per Rhode Island General Law 23-4.1-10 the following categories of Rhode Island Licensed ONLY. EMS Providers are considered "exempt": Licensed city or town services, vehicles and their employees. · Licensed volunteer or not-for-profit services, vehicles and individuals providing services therein. · Licensed fire district service, vehicles and individuals providing services therein. Required fees must accompany the application. PERSONAL CHECKS ARE NOT ACCEPTED Fees must be made payable to the General Treasurer, State of Rhode Island and must be either a Cashier's Check or Money Order. PLEASE NOTE: ALL FEES ARE NON-REFUNDABLE 17. Affidavit of I have read carefully the questions in the foregoing application and have answered them completely, without **Applicant** reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by Complete this section me herein are true and correct. Should I furnish any false information in this application, I hereby agree that and sign. such act shall constitute cause for denial, suspension or revocation of my license to practice as a Emergency Medical Technician in the State of Rhode Island. I understand that my records are protected under the Federal and State Regulations governing Mental Health Patient Records and cannot be disclosed without my written consent unless otherwise provided in the law. I understand that my records are protected under the Federal and State Laws and Regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided in the regulations. I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Center for Emergency Medical Services of any change in the answers to these questions after this application and this affidavit is signed.

Signature of Applicant

Date of Signature (MM/DD/YY)





## Center for Emergency Medical Services Room 104, 3 Capitol Hill

Room 104, 3 Capitol Hill Providence, RI 02908-5097 (401) 222-2401

#### INTERSTATE VERIFICATION FORM - ORIGINAL AND ALL OTHER STATES OF LICENSURE

Applicant Instructions: Complete the top portion of this form and forward it to each state or territory where you have been trained and/or licensed, certified or registered as an Emergency Medical Services provider (make copies as necessary).									
I am applying for a license to practice as an Emergency Medical Medical Services requires that the following form be complet states of licensure. This constitutes your authority to release Emergency Medical Services at the above address.	ed by the jurisdiction in	which I obtained	my original training	and/or license and a	all other				
Print/Type Full Name	Signature			Date					
Previous Names Used	Social Security	Social Security Number			Date of Birth				
Address	City	State	Zipcode		_				
Contact Phone Number and Email address		icense Number		Date Issued	<u> </u>				
THIS SECTION TO BE COM	PLETED BY TI	HE EMS LIC	CENSING A	GENCY					
EMT Program Completed:	Location:	G	Graduation Date:						
License Status:	Original Date Issu	ed:	Expiration Da	ate:					
Questions: 1. Has this licensee ever been investigated by your office?				Yes □ No					
2. Has this licensee incurred any disciplinary proceedings in	your state, or is any act	ion pending?		Yes No					
3. Has the applicant's license ever been denied, surrendered on probation?	, reprimanded, suspend	ed, revoked or pla	ced	Yes   No					
4. Do you know of any information that may discredit this per-	son?			Yes 🗌 No					
If you answer "Yes" to questions 1-4, please provide a written order, complaint, etc.).	explanation below, and	attach a copy of a	all supporting docun	nentation (e.g., Agenc	у				
Location of Course (Include printout of initial EMT course):		Date	that Certificate was	issued:					
Certification:									
Signature	Date			Please Affix Board Seal Here	•				
Type or Print Name	Title								
Full Name of Licensing Agency									



# Rhode Island Department of Health Military Expedition Form

Please attach this form to the *front* of your completed application and mail to the address shown on the application cover.

Pursuant to Rhode Island General Laws § <u>5-88-1</u> et seq., upon application, this state may recognize occupational licenses, certificates or permits obtained from other states for military members and their spouses who relocate to this state pursuant to military orders. The Rhode Island Department of Health (RIDOH) will expedite your or your spouse's health professional license application provided the following conditions are met.

#### I. PROFESSION/LICENSE TYPE

Please indicate the profession and/or license type you are applying for so that your application can be routed to the correct office:

Profession/License Type:

#### II. MILITARY STATUS

Please check ONE of the following criteria for expedition:

I am in active military duty or a reservist.

I am the spouse of someone in active military duty or the spouse of a reservist.

I am a military veteran with honorable discharge. You do not need to complete the rest of this application – please skip to the signature line.

#### III. PROOF OF MILITARY STATUS

Please attach a copy of proof of your military status such as one of the following: Leave Earning Statement (LES), Letter from Command, or Copy of Orders

#### IV. MILITARY CHANGE OF STATION ORDER

Permanent Change of Station Order

#### V. PROOF OF GOOD STANDING

Proof of good standing from the board in the other state in which the person has a license.

### VI. Criminal Background Check (a "BCI") (unless required in the initial license application) BCI completed from the RI Attorney General's Office.

#### VII. ATTESTATIONS:

Check all that apply:

No board in any other state has revoked the license for which I am applying as a result of negligence or intentional misconduct.

I have never surrendered an occupational license, certificate, or permit because of negligence or intentional misconduct.

I do not have a complaint, allegation, or investigation currently pending before a board in another state which relates to unprofessional conduct or an alleged crime.

I attest that the above responses and information are true and accurate to the best of my knowledge and that none of the information set forth above is false, erroneous, or defective in any important, as set forth in R.I. Gen. Laws § 11-18-1. I understand that this application is being made to the Rhode Island Department of Health, which shall rely upon my attestation and the information provided in this document.

#### Signature of Applicant

Date