



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 UNIT OF EMERGENCY MEDICAL SERVICES
EMS PERSONNEL LICENSE APPLICATION

FOR DOH OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

EMT LICENSE NO. <input style="width: 40px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/>	APPROVED BY/DATE _____	DATE LICENSED <input style="width: 40px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/>
DATE APP. REC'D. <input style="width: 40px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/>		EXPIRATION DATE <input style="width: 40px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/>

APPLICANT MUST COMPLETE INFORMATION BELOW TYPE OR PRINT

1. <input type="checkbox"/> INITIAL LICENSE APP.	CURRENT MO EMS LIC NO. <input style="width: 40px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/>	EXPIRATION DATE <input style="width: 40px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/>
2. <input type="checkbox"/> RELICENSURE APP.	IF APPLICABLE	AND

3. TYPE OF LICENSE APPLIED FOR (Check One)	EMT-Basic <input type="checkbox"/>	EMT-Paramedic <input type="checkbox"/>
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4. CERTIFICATION/EDUCATION USED FOR INITIAL LICENSURE OR RELICENSURE: (PLEASE CHECK ONLY ONE)			
<input type="checkbox"/> EMT-B NATIONAL REGISTRY <i>(Attach copy of card)</i>	<input type="checkbox"/> EMT-P NATIONAL REGISTRY <i>(Attach copy of card)</i>	<input type="checkbox"/> EMT-B CONTINUING EDUCATION	<input type="checkbox"/> EMT-P CONTINUING EDUCATION

5. NAME (LAST, FIRST, MIDDLE INITIAL)

SOCIAL SECURITY NUMBER	DATE OF BIRTH MO ___ DAY ___ YR ___	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DAYTIME PHONE NUMBER ()
			E-MAIL ADDRESS (if applicable)

MAILING ADDRESS (STREET)			
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CITY	STATE	ZIP CODE	COUNTY
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6. NAME OF THE EMS AGENCY YOU ARE CURRENTLY WORKING FOR.(If applicable)

7. TYPE OF PRESENT PRIMARY EMS AFFILIATION (IF APPLICABLE)		
<input type="checkbox"/> AMBULANCE SERVICE	<input type="checkbox"/> UNLICENSED FIRST RESPONDER AGENCY	<input type="checkbox"/> POLICE DEPARTMENT
<input type="checkbox"/> LICENSED EMRA	<input type="checkbox"/> FIRE SERVICE	<input type="checkbox"/> OTHER

8. Have you ever had administrative licensure action taken against your EMT license in Missouri or any other state? Yes <input type="checkbox"/> No <input type="checkbox"/> IF YES, EXPLAIN ON ATTACHED SHEET

9. HAVE YOU EVER BEEN FINALLY ADJUDICATED AND FOUND GUILTY, OR ENTERED A PLEA OF GUILTY OR NOLO CONTENDERE IN A CRIMINAL PROSECUTION UNDER THE LAWS OF ANY STATE OR OF THE UNITED STATES, WHETHER OR NOT YOU RECEIVED A SUSPENDED IMPOSITION OF SENTENCE FOR ANY CRIMINAL OFFENSE? Yes <input type="checkbox"/> No <input type="checkbox"/>
IF YOU HAVE ANSWERED YES TO THE ABOVE QUESTION YOU MUST ATTACH TO YOUR APPLICATION A CERTIFIED COPY OF ALL CHARGING DOCUMENTS (SUCH AS COMPLAINTS, INFORMATIONS OR INDICTMENTS), JUDGMENTS AND SENTENCING INFORMATION AND ANY OTHER INFORMATION YOU WISH CONSIDERED.

10. I HEREBY CERTIFY THAT:
A. I am able to speak, read and write the English language.
B. I do not have a physical or mental impairment which would substantially limit my ability to perform the essential functions of an emergency medical technician with or without a reasonable accommodation.
C. This application contains no misrepresentations or falsifications and the information given by me is true and complete to the best of my knowledge. I further certify that I have both the intention and the ability to comply with the regulations promulgated under the Comprehensive EMS Act, Chapter 190, RSMo 2000.
D. IF RELICENSING USING CONTINUING EDUCATION, PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM

APPLICANT'S SIGNATURE	DATE
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WARNING: In addition to licensure action, anyone who knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty may be guilty of a class B misdemeanor, Missouri Statutes 575.060.

Mail application to: Unit of EMS, P.O. Box 570, Jefferson City, MO 65102

