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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

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EM L IN	APPROVED BY	T/DATE	AD EL INET						
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A	ALPIN M C T M		O WANTE OOR PRINTO						
1. INITIAL LICENSE APP.	A I FALPP B	CURRENT MO EMS		EXPIRATION DATE ND					
2. RELICENSURE APP.	22 (21 - 1 0)								
3. TYPE OF LICENSE APPLIED FOR	` '	EM B-i T	_	emed eÆM ∐P T					
4. CERTIFICATION/EDUCATION USED FOR INITIAL LICENSURE OR RELICENSURE: (PLEASE CHECK ONLY ONE) BMT-B MATIONAL REGISTRY NATIONAL REGISTRY NATIONAL REGISTRY (Attach copy of card) CONTINUING									
5. NAME (LAST, FIRST, MIDDLE IN	VITIAL)								
SOCIAL SECURITY NUMBER D	DATE OF BIRTH		DAYTIME PHONE NUMBER						
N	MODAYYR	∐ M	E-MAIL ADDRESS (if applicable)						
MAILING ADDRESS (STREET)									
CITY		STATE	ZIP CODE	COUNTY					
6. NAME OF THE EMS AGENCY Y	OU ARE CURRENTLY WORK	KING FOR.(If applicat	ole)						
7. TYPE OF PRESENT PRIMARY EI	MS AFFILIATION (IF APPLIC	'ABLE')							
☐ AMBULANCE SERVICE ☐ LICENSED EMRA	☐ UNLICENSED FIRS☐ FIRE SERVICE	ST RESPONDER AGE	ENCY POL	ICE DEPARTMENT ER					
8. Have you ever had administrative lice Yes No I	censure action taken against your IF YES, EXPLAIN ON ATTACHE		ouri or any other state?						
9. Has your right to practice in a health Yes No No Not applicable	-	ect to limitation, susper N ON ATTACHED SH							
10. Have you ever voluntarily surrend Yes No No Not applicable	_	ification in any state? NON ATTACHED SHE	EET						
11. 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 No 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.									
 12. 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 Chapter 190, RSMo									
 I have been a resident of Missouri for five (5) consecutive years prior to the date on the application or I have attached to the application at least two (2) completed fingerprint cards supplied by the EMS Bureau. IF RELICENSING USING CONTINUING EDUCATION, PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM 									
APPLICANT'S SIGNATURE	NTINUING EDUCATION, I LL	ASE COMILETE III	E KEVEKSE SIDE OF 1	DATE					
WARNING: In addition to licensure a				to mislead a public					

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MO 580-0988 (R 11/07)
EMS-3

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- I have successfully completed the required continuing education in accordance with state regulations. 1.
- I have attached a list of these Continuing Education Units
- 3. I am in possession of documentation of the required continuing education and will make all records available to the Missouri Department of Health and Senior Services upon request under penalty of license action, up to and including revocation.
- EMT-B and EMT-I applicants must attach a copy of current CPR card.
- EMT-P must attach copy of current ACLS card.

APPLICANT'S SIGNATURE DATE

MO 580-0988 (R 11/07) EMS-3

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