



MISSOURI DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MEDICAL SERVICES
EMS PERSONNEL LICENSE APPLICATION

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

EMT LICENSE NO. <input type="text"/>	Criminal History Attached? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE LIC. <input type="text"/>
DATE APP. REC'D. <input type="text"/>	APPROVED BY/DATE	EXPIRATION DATE <input type="text"/>

APPLICANT MUST COMPLETE INFORMATION BELOW TYPE OR PRINT

1. <input type="checkbox"/> INITIAL LICENSE APP.	IF APPLICABLE	CURRENT MO EMS LIC NO. <input type="text"/>	AND	EXPIRATION DATE <input type="text"/>
2. <input type="checkbox"/> RELICENSURE APP.		<input type="text"/>		<input type="text"/>

3. TYPE OF LICENSE APPLIED FOR (Check One) **EMT-Basic** **EMT-Paramedic**

4. CERTIFICATION/EDUCATION USED FOR INITIAL LICENSURE OR RELICENSURE: (PLEASE CHECK ONLY ONE)

<input type="checkbox"/> EMT-B NATIONAL REGISTRY (Attach copy of card)	<input type="checkbox"/> EMT-P NATIONAL REGISTRY (Attach copy of card)	<input type="checkbox"/> EMT-B CONTINUING EDUCATION	<input type="checkbox"/> EMT-P CONTINUING EDUCATION
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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 (OPTIONAL)			

ADDRESS (STREET)

CITY	STATE	ZIP CODE	COUNTY
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6. 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

7. HAVE ANY ADMINISTRATIVE LICENSURE ACTIONS EVER BEEN TAKEN AGAINST YOUR EMT LICENSE IN MISSOURI OR ANY OTHER STATE?
Yes No IF YES, EXPLAIN ON ATTACHED SHEET

8. HAVE YOU BEEN DURING THE PAST FIVE YEARS 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.

9. 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 position with or without a reasonable accommodation.
- C. IF RELICENSING USING CONTINUING EDUCATION:
I have successfully completed the required continuing education in accordance with state regulations.
I have attached a list of these CEUs.
I am in possession of documentation of the required continuing education, and will make all records available to the BEMS upon request under penalty of license action up to and including revocation.
- D. 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 1998.
- E. I have been a resident of Missouri for five (5) consecutive years prior to the date of this application or I have attached to this application at least two (2) completed fingerprint cards supplied by the Bureau of EMS.

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: Bureau of EMS, P.O. Box 570, Jefferson City, MO 65102

