

Connecticut Department of Public Health
Office of Emergency Medical Services

Type of application: [] MRT [] EMT [] EMT-I

Please check one below:

[] Initial (new course only) [] Endorsement [] Recertification [] Reinstatement: Certification No.: _____ Expiration: _____

[] Temporary EMT permit: CT EMT certification No.: _____ Expiration: _____

CT Paramedic License No.: _____ Expiration: _____

Last Name: _____ First Name: _____ MI: _____

Date of Birth: ____/____/____ SSN: ____-____-____ Gender: [] Male [] Female

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

E-mail: _____

Please indicate the address to which your official certification documents, as well as all future mailings from this Department shall be sent (please type or print).

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Are you now, or have you ever been, licensed, certified or registered as an EMS provider in any state or territory? Yes [] No [] . If yes, list all states or territories _____

Are you now, or has the National Registry ever certified you? Yes [] No [] . If yes, please indicate certification number: _____

Are you presently working in your licensed/certified profession? Yes [] No [] . If yes, please indicate hours of practice per week _____

Provider information (If presently affiliated): Name of Service: _____

Address: _____ City, State, Zip: _____

Work E-mail: _____ Fax number: _____

At the exam, do you require accommodation for any disabling condition? Yes [] No [] . If yes, please submit a written statement briefly describing the nature of your disability and the accommodation you are seeking. Please mail the request for accommodation directly to the National Registry at 6610 Busch Blvd, PO Box 29233, Columbus OH43229, and attach a separate copy of the statement to the EMT application (202). Upon review of your request, this office and the National Registry will contact you regarding your request.

PROFESSIONAL HISTORY: Answer 1-8 by checking YES or NO. If you answer YES, follow directions below.

1. Have you ever been censured, disciplined, dismissed or expelled from, had admissions monitored or restricted, had privileges limited, suspended or terminated, been put on probation, or been requested to resign or withdraw from any of the following: [] YES [] NO
-Any hospital, nursing home, clinic, or similar institution;
-Any health maintenance organization, professional partnership, corporation, or similar health practice organization, either private or public;
-Any professional school, clinical clerkship, internship, externship, preceptorship or postgraduate training program;
-Any third party reimbursement program, whether governmental or private?

2. Have you ever had your membership in or certification by any professional society or association suspended or revoked for reasons related to professional practice? [] YES [] NO

3. Has any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, limited, restricted, suspended or revoked any professional license, certificate, or registration granted to you, or imposed a fine or reprimand, or taken any other disciplinary action against you? YES NO

4. Have you ever, in anticipation or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any professional license, certificate or registration issued to you by any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction? YES NO

5. Have you ever been subject to, or do you currently have pending, any complaint, investigation, charge, or disciplinary action by any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction or any disciplinary board/committee of any branch of the armed services? You need not report any complaints dismissed as without merit. YES NO

6. Have you ever been denied or surrendered a state or federal controlled substance registration, had it revoked or restricted in any way, or been warned, reprimanded, or fined by the responsible agency? YES NO
If your answer is "yes" to any of the above questions (1-6), please give full details, names, addresses, etc. on a separate NOTARIZED statement.

7. Have you ever entered into, or do you currently have pending, a consent agreement of any kind, whether oral or written, with any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, any branch of the armed services or a foreign jurisdiction? YES NO
If "yes", give full details, names, addresses, etc. on a separate, NOTARIZED statement. Also submit a NOTARIZED copy of the agreement.

8. Have you ever been found guilty or convicted as a result of an act, which constitutes a felony under the laws of this state, federal law or the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state? YES NO
If "yes", give full details, dates, etc. on a separate NOTARIZED statement and furnish a Certified Court Copy (with court seal affixed) of the original complaint, the answer, the judgment, the settlement, and/or the disposition.

I have reviewed the information provided and verify that it is accurate. I certify under penalties of perjury that I have not been convicted of a crime involving moral turpitude within the past three years, nor am I addicted to the use of drugs or alcohol. I certify that I am the person on this application and that all statements are true and correct.

Signature of Applicant

Date

TO BE COMPLETED BY TRAINING PROVIDER ONLY

For All Courses: The course was an: Initial Refresher training program for: MRT EMT EMT-I

Dates of Course: MRT- Basic Refresher - From: _____ To: _____ Course location _____

EMT- Basic Refresher - From: _____ To: _____ Course location _____

EMT-I- Basic Refresher - From: _____ To: _____ Course location _____

EMS-I Certification Number: _____ Expiration Date: _____

For Connecticut Courses only: MRT- Basic Refresher CT Course Approval Number: _____ Course hours _____
EMT- Basic Refresher CT Course Approval Number: _____ Course hours _____
EMT-I- Basic Refresher CT Course Approval Number: _____ Course hours _____

I certify that the applicant successfully completed a written and practical examination at the conclusion of this course. Yes No

I certify that the above named applicant successfully completed the above training program, including written and practical exams, and that such program met the requirements of DPH Regulations or, if outside of Connecticut, adhered to the U.S. DOT, NHTSA National Standard Curriculum.

Signature of Course Instructor/Coordinator

Daytime Phone No.

Date

Printed Name of Course Instructor/Coordinator
EMSAPP2

E-mail:
Page 12 of 20