



**VERMONT DEPARTMENT OF HEALTH
EMERGENCY MEDICAL SERVICES OFFICE
Post Office Box 70, 108 Cherry Street
Burlington, Vermont 05402-0070
1-800-244-0911 (in VT) or 1-802-863-7310**



PARAMEDIC CERTIFICATION APPLICATION

This form is to be used by all persons applying for Paramedic initial certification or recertification. **Please keep a copy of this application for your service's credentialing records.**

INSTRUCTIONS

Page 2:

In the top section of this page please provide your demographic and service affiliation information. To be eligible for Vermont EMS certification, you must have an affiliation with an EMS agency licensed at or above the Paramedic level or be affiliated with a medical facility that requires you to hold this level of EMS certification.

In the middle section of this page, please indicate whether this is your initial Paramedic certification or a recertification and write in your National Registry number.

If you are applying for recertification and need an extension because you have not yet received your new National Registry of EMTs certification, you must submit your application to the EMS office on or before your Vermont EMT-Paramedic certification expiration date, and it must include a copy of your completed NREMT renewal paperwork. Please forward a copy of your NREMT certification card as soon as you receive it.

The lower half of this page asks you to provide information about your occupation and additional skills that might be relevant in responding to disasters or other events where additional resources are needed. *Provision of this information is voluntary and does not automatically enlist you for service beyond operations you might normally carry out as part of your EMS agency.*

Page 3:

Please answer the seven questions and then print and sign your name. Please also fill in the application completion date and your date of birth.

Your Head of Service must attest with a signature that you are affiliated with the licensed agency indicated on this application. **The only person authorized to sign as your Head of Service is the person listed on your service's license application.**

Your District Medical Advisor must attest that you meet local medical control requirements and should be (re)certified.

Please include a photocopy of your NREMT card with this application.

