

BUREAU OF EMERGENCY MEDICAL SERVICES

Simply Applying for Your Initial BEMS License

THE FIRST STEP TO BEGIN THE PROCESS OF APPLYING FOR YOUR INTIAL BEMS LICENSE.

LOCATE OUR WEBSITE:

<https://health.mo.gov/safety/ems/index.php>

CONTINUE FOR STEP BY STEP INSTRUCTIONS.

Emergency Medical Services (EMS)

DHSS Home » Licensing & Regulations » EMS


EMS Town Hall Call, License Fees Proposed 7.28.20

- Audio
- Powerpoint

- COVID-19 Resources
- Licensee Search
- Laws & Regulations
- Applications & Forms
 - Allow 30 business days for processing
- EMT and Paramedic Licensing Information
- General Information / Updates
- Directories
- Information for Military Personnel
- Notices
- EMS-C

- State EMS Mutual Aid
 - Resources
- ImageTrend Elite EMS Reporting System
- TCD Data System
- Time Critical Diagnosis System
- Reciprocity
- State Advisory Council on EMS
- Regional EMS Committees
- Frequently Asked Questions
- Ask Us
- Missouri Overdose Rescue and Education (MORE) Project

Apply for Bureau of EMS Personnel License



News & Notices | Fentanyl: The Real Deal - Video Release Announcement **New!**

Today Monday, August 3

Print Week Month Agenda

Monday, August 10
12:00pm MIH and Community Paramedicine Subcommittee
Wednesday, August 19
12:00pm Education Subcommittee Meeting

Licensing & Regulations

- Abortion Facilities
- Abuse, Neglect & Exploitation
- Ambulatory Surgery Centers
- Antibiotic Resistance
- Birthing Centers
- Caregiver, Advise, Record, and Enable (CARE) Act Form
- Child Care
- CNA, CMT and Insulin Registry
- Prescription Drug Repository
- Employee Disqualification List (EDL)
- Emergency Medical Services (EMS)
- End Stage Renal Disease
- Family Care Safety Registry
- Food & Drug Recalls
- Food Safety
- Good Cause Waiver
- Health Services Regulation
- Home Care

System Information

DHSS Home » Licensing & Regulations » EMS » sysinfo



- This application system is compatible with Google Chrome and FireFox.
- Please have all of your military and courts documents (if applicable) ready for upload.
- Have your fingerprints completed and your NREMT number or your CEUs available before starting your application.

[Apply On-Line Application System](#)



Licensing & Regulations

- Abortion Facilities
- Abuse, Neglect & Exploitation
- Ambulatory Surgery Centers
- Antibiotic Resistance
- Birthing Centers
- Caregiver, Advise, Record, and Enable (CARE) Act Form
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- Family Care Safety Registry
- Food & Drug Recalls
- Food Safety
- Good Cause Waiver
- Health Services Regulation
- Home Care

Warning - Exiting Site

Beware, you are currently exiting to an external site that is not part of the government (.gov) domain. Please be aware that you will be subject to a wide variety of content and experiences that are beyond our control. Always use good judgement when using these platforms and when following links to other web sites.

Click "Yes" to Continue to:

<https://missouri.imagetrendlicense.com/lms/public>

Yes **No**



CLICK YES TO CONTINUE TO PORTAL



Missouri Department of Health and Senior Services Emergency Medical Services (EMS)

- Account Login
- Training
- Lookup

READ PORTAL INFO



Welcome to the MISSOURI BUREAU OF EMERGENCY MEDICAL SERVICES License Management System

The MISSOURI BUREAU OF EMERGENCY MEDICAL SERVICES has launched our new License Management System (LMS). We will be accepting INITIAL AND RENEWAL BEMS PERSONNEL applications at this time through this portal. (Expired license please submit via EMSLICENSING@HEALTH.MO.GOV)

At this time renewal applicants will need to claim their accounts using the (FORGOT USER NAME) option under the login button. At that time the system will email you the login information. If you have any questions regarding these instructions please send an email to EMSLICENSING@HEALTH.MO.GOV

** Please do not contact Image Trend Support to reset passwords. That has to be done by the licensing staff in the Bureau of Emergency Medical Services. This will be done during office hours Mon-Fri 8 am to 5pm , excluding state holidays. You will need to email EMSLICENSING@HEALTH.MO.GOV IMAGE TREND CANNOT RESET YOUR PASSWORD.**

PLEASE SUBMIT ONLY ONE APPLICATION AT A TIME. SUBMITTING MULTIPLE APPLICATIONS WILL DELAY YOUR PROCESSING TIME. If you are a renewal do not submit a initial application.

***IT IS STRONGLY SUGGESTED THAT YOU USE YOUR PERSONAL EMAIL ACCOUNT. IF YOU ARE GOING TO USE YOUR WORK EMAIL MAKE SURE IT IS UNIQUE TO YOU (SUCH AS JSMITH@CITYEMS.COM) IF YOUR EMAIL IS TOO GENERIC**

working to process the application. You will be notified if there is a problem.

RENEWAL APPLICANTS: If you have been located in Missouri for the past five years consecutively your background will be run by BEMS. If you **HAVE** been located **OUTSIDE** of Missouri in the past five years, **(EVEN FOR MILITARY DUTY)** you will need to request a fingerprint coupon from EMSLICENSING@HEALTH.MO.GOV

EXPIRED APPLICANTS: PLEASE SUBMIT VIA EMSLICENSING@HEALTH.MO.GOV **until further notice.**

SERVICES/AGENCIES: If you are renewing your service application please continue with the current EMS Licensing process via EMSLICENSING@HEALTH.MO.GOV

Please read the following instructions carefully before continuing:

If you do not have a current & valid email address **DO NOT CONTINUE**. You are required to have a valid email address to process and complete applications. If you have a current & valid email address, follow the instructions below:

CREATING AN ACCOUNT FOR AN INITIAL EMT, AEMT, PARAMEDIC OR COMMUNITY PARAMEDIC PERSONNEL APPLICATION: If you do not have a State of Missouri BEMS certification or license, you can create an account by selecting the "Create Account" button below. After creating an account you will be able to log back in and check on the status of your application.

CLAIMING AN ACCOUNT FOR A RENEWAL EMT, AEMT, PARAMEDIC OR COMMUNITY PARAMEDIC PERSONNEL APPLICATION: Please use the "FORGOT USER NAME" option above the login button to claim your account. An email will then be sent to you with your login information.

Login

Forgot Username or Forgot Password?

IF YOU ARE UPGRADING TO AEMT OR PARAMEDIC CLAIM YOUR ACCOUNT USING THE FORGOT USER NAME PROMPT. **DO NOT CREATE ACCOUNT.**

IF YOU HAVE NEVER HAD A MISSOURI BEMS LICENSE CREATE ACCOUNT.



Missouri Department of Health and Senior Services Emergency Medical Services (EMS)

- My Account**
 - Profile
 - Issued Application
 - Documents
- Applications**
- Training**
- Service**
- Lookup**

CLICK HERE FOR APPLICATIONS [Logout](#)

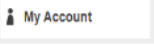
My Account

Welcome to the Missouri EMS Programs's E-Licensing Portal.


If you have initiated an application, but have not completed/submitted the application, click on the 'Continue' button to the left to access your application to complete/submit.


If this is the first time you have accessed the site, please review the following instructions;

- To complete applications, click [HERE](#), select the application you are looking for by clicking the 'apply now' button.
- For more detail about any item, click the links on this page or in the left menu.
- To upload your picture, click on the photo icon to upload a photo. Once added, photo's cannot be removed on the portal. If you want to remove a photo please contact our office for assistance.
 - Submit a color photo with a clear image of your face and a neutral background. Your face should be centered in the photo. Minimum size is 75 px x 100 px (0.75" x 1.00").

To return to this home page from any screen on the E-Licensing Portal, click the  button at the top of the navigation bar on the left side of this screen.

John Smith
 Number:
 Issued:
 Expiration:

 No forms pending

 0 New training added
 0 Upcoming training this week
 0 Upcoming test this week

I am looking for...

READ CAREFULLY.



Missouri Department of Health and Senior Services Emergency Medical Services (EMS)

Welcome, John Smith | Logout

- My Account
- Applications**
- Continue
- Checkout
- Transaction
- Training
- Service
- Lookup


Available Applications


Begin a new application, or click one of the links in the left menu to work with an application you have already begun.

My Applications | Service Applications

Smith, John O ()

Applications	Action
Initial EMT Application (NEW APPLICANTS ONLY) Application to be completed when applying for an initial EMT Basic license. You must have current NREMT status. You must submit fingerprint results via IDEMIA. DO NOT SUBMIT AN APPLICATION IF YOUR FINGERPRINTS ARE NOT COMPLETE AND READY FOR PROCESSING. Please have any documentation ready for upload. This application should be completed by the person who is applying for the license. It is your responsibility to make sure the information is true and correct.	Apply Now
Initial EMT-PROVISIONAL Application (FOR NREMT PROVISIONALS ONLY) Application to be completed when applying for an initial EMT Provisional license. You must have provisional NREMT status. You must submit fingerprint results via IDEMIA. Please have any documentation ready for upload. This application should be completed by the person who is applying for the license. It is your responsibility to make sure the information is true and correct.	Apply Now
LATE RENEWAL EMT APPLICATION (Less than 2 years expired) EDIT DESCRIPTION - Application to be completed when applying for a renewal EMT Basic license. You must have current NREMT status or the correct number of training hours. If you are located outside of Missouri, or have been in the past five years, you must request a fingerprint code and coupon via EMSLICENSING@HEALTH.MO.GOV. Please provide your license number and expiration date in your request. If you are a Missouri resident your background check will be run at the time of processing by BEMS.	Apply Now
Initial AEMT Application (NEW AEMT ONLY) Application to be completed when applying for an initial AEMT Basic license. You must have current NREMT status. You must submit fingerprint results via IDEMIA. DO NOT SUBMIT AN APPLICATION IF YOUR FINGERPRINTS ARE NOT COMPLETE AND READY FOR PROCESSING. Please have any documentation ready for upload. This application should be completed by the person who is applying for the license. It is your responsibility to make sure the information is true and correct.	Apply Now
Initial PARAMEDIC Application (NEW PARAMEDIC ONLY) Application to be completed when applying for an initial EMT Paramedic license. You must have current NREMT status. You must submit fingerprint results via IDEMIA. DO NOT SUBMIT AN APPLICATION IF YOU DO NOT HAVE FINGERPRINTS COMPLETE AND READY FOR PROCESSING. Please have any documentation ready for upload. This application should be completed by the person who is applying for the	Apply Now

APPLY FOR THE LEVEL YOU ARE NREMT CERTIFIED. 

 DO NOT SUBMIT MULTIPLE APPLICATIONS. THIS WILL DELAY YOUR PROCESSING.



Missouri Department of Health and Senior Services Emergency Medical Services (EMS)

Welcome, John Smith | Logout

- My Account
- Applications**
 - Continue
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 - Transaction
- Training
- Services
- Lookup

INITIAL EMT APPLICATION FORM

INSTRUCTIONS SIGNATURE/SUBMISSION

LICENSURE INFORMATION

*DO YOU CURRENTLY HOLD AN EMT LICENSE IN MISSOURI?

- Yes
- No

Save and Continue

INDICATE IF YOU CURRENTLY HOLD THIS LEVEL LICENSE. SEE NEXT SCREEN IF YOU INTEND TO SELECT YES.

Bureau of Emergency Medical Services

Missouri Department of Health and Senior Services

PO Box 570 Jefferson City, MO 65102-0570

Phone: 573-751-6356 Fax: 573-751-6348 Email: EMSLICENSING@health.mo.gov



Missouri Department of Health and Senior Services Emergency Medical Services (EMS)

Welcome, John Smith | Logout

My Account

Applications

Continue 2

Checkout

Transaction

Training

Services

Lookup

INITIAL EMT APPLICATION FORM

INSTRUCTIONS

SIGNATURE/SUBMISSION

▼ LICENSURE INFORMATION

*DO YOU CURRENTLY HOLD AN EMT LICENSE IN MISSOURI?

Yes

No

YOU HAVE INDICATED THAT YOU HOLD A MISSOURI LICENSE. YOU SHOULD NOT BE USING THIS INITIAL APPLICATION. PLEASE USE THE RENEWAL APPLICATION IN YOUR PORTAL PROFILE TO RELICENSE. IF YOU DO NOT SEE A RENEWAL APPLICATION WE HAVE INCLUDED A LINK TO EMAIL YOUR EMT BASIC NUMBER AND EXPIRATION DATE FOR SYSTEM QUESTIONS/RESET. EMSLICENSING@HEALTH.MO.GOV

Save and Continue

IF YOU SELECT YES YOU WILL NEED TO APPLY WITH A RENEWAL APPLICATION. YOU WILL NEED TO CLAIM YOUR ACCOUNT USING FORGOT USERNAME PROMPT AT THE LOGIN SCREEN. IF YOU HAVE PROBLEMS EMAIL EMSLICENSING@HEALTH.MO.GOV WITH YOUR NAME, LICENSE NUMBER AT EXPIRATION DATE. YOUR PASSWORD MAY NEED TO BE RESET.

Phone: 573-7



Missouri Department of Health and Senior Services Emergency Medical Services (EMS)

Welcome, John Smith | Logout

My Account

Applications

Continue 2

Checkout

Transaction

Training

Services

Lookup

INITIAL EMT APPLICATION FORM

INSTRUCTIONS

SIGNATURE/SUBMISSION

▼ LICENSURE INFORMATION

*DO YOU CURRENTLY HOLD AN EMT LICENSE IN MISSOURI?

Yes

No

IF YOU SELECT NO
CONTINUE TO NEXT
SECTION

▼ INSTRUCTIONS

If you are applying for your initial (first) BEMS license (including a first time upgrade to Paramedic or AEMT) after August 28, 2018 you must first submit to and transmit a fingerprint background check to the Bureau of EMS (BEMS). The Bureau is required to complete a criminal background investigation on every applicant. If additional information is required, we will contact you at the telephone/email provided on your application.

▼ CITIZENSHIP

*Are You a United States Citizen?

Yes

No

▼ FINGERPRINT PROCESS

FINGERPRINT SUBMISSIONS/CRIMINAL BACKGROUND INVESTIGATIONS

The Bureau is required to complete a criminal background investigation on every applicant. You will need fingerprints to submit an application. Please follow the link [HERE](#) for detailed instructions on how to find an IDENTOGO location and transmit your fingerprint check to the BEMS prior to submitting your application. You

FINGERPRINTS SHOULD BE ON FILE BEFORE SUBMISSION OF APPLICATION. SEE PUBLIC PORTAL FOR FINGERPRINTING INFO. IF YOU DO NOT HAVE FINGERPRINT RESULTS COMPLETE STOP AND CONTINUE THIS APPLICATION AFTER FINGERPRINTING.

Training

Services

Lookup

No

INSTRUCTIONS

If you are applying for your initial (first) BEMS license (including a first time upgrade to Paramedic or AEMT) after August 28, 2018 you must first submit to and transmit a fingerprint background check to the Bureau of EMS (BEMS). The Bureau is required to complete a criminal background investigation on every applicant. If additional information is required, we will contact you at the telephone/email provided on your application.

CITIZENSHIP

*Are You a United States Citizen?

Yes

No

FINGERPRINT PROCESS

FINGERPRINT SUBMISSIONS/CRIMINAL BACKGROUND INVESTIGATIONS

The Bureau is required to complete a criminal background investigation on every applicant. You will need fingerprints to submit an application. Please follow the link [HERE](#) for detailed instructions on how to find an IDENTOGO location and transmit your fingerprint check to the BEMS prior to submitting your application. You will use the code 2419 when you register with Identigo. This code is only valid for initial applicants. Click [here](#) to access the code memo.

•Military deployments, please follow the link [above](#) for detailed instructions on how to submit your fingerprints to the BEMS prior to submitting your application the BEMS.

*I have completed a Fingerprint Check and can provide my Transaction Control Number (TCN)

Yes

No

Save and Continue

IF FINGERPRINTS RESULTS ARE ON FILE CONTINUE TO CITIZENSHIP QUESTION.



Training

Services

Lookup

No

INSTRUCTIONS

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CITIZENSHIP

*Are You a United States Citizen?

Yes

No

FINGERPRINT PROCESS

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•Military deployments, please follow the link [above](#) for detailed instructions on how to submit your fingerprints to the BEMS prior to submitting your application the BEMS.

*I have completed a Fingerprint Check and can provide my Transaction Control Number (TCN)

Yes

No

Save and Continue

IF YES PLEASE CONTINUE TO FINGERPRINT TRANSACTION CONTROL NUMBER (TCN) INFO.

- Training
- Services
- Lookup

Yes
 No

INSTRUCTIONS

If you are applying for your initial (first) **BEMS** license (including a first time upgrade to Paramedic or AEMT) after August 28, 2018 you must first submit to and transmit a fingerprint background check to the **Bureau of EMS (BEMS)**. The Bureau is required to complete a criminal background investigation on every applicant. If additional information is required, we will contact you at the telephone/email provided on your application.

CITIZENSHIP

*Are You a United States Citizen?
 Yes
 No

*PLEASE PROVIDE YOUR VISA OR PASSPORT NUMBER

If NO YOU WILL BE PROMPTED FOR YOUR VISA OR PASSPORT NUMBER.

FINGERPRINT PROCESS

FINGERPRINT SUBMISSIONS/CRIMINAL BACKGROUND INVESTIGATIONS

The Bureau is required to complete a criminal background investigation on every applicant. You will need fingerprints to submit an application. Please follow the link [HERE](#) for detailed instructions on how to find an **IDENTOGO** location and transmit your fingerprint check to the **BEMS** prior to submitting your application. You will use the code **2419** when you register with Identigo. This code is only valid for initial applicants. Click [here](#) to access the code memo.

•Military deployments, please follow the link [above](#) for detailed instructions on how to submit your fingerprints to the **BEMS** prior to submitting your application the **BEMS**.

*I have completed a Fingerprint Check and can provide my Transaction Control Number (TCN)
 Yes
 No

Save and Continue

Lookup

If you are applying for your initial (first) BEMS license (including a first time upgrade to Paramedic or AEMT) after August 28, 2018 you must first submit to and transmit a fingerprint background check to the Bureau of EMS (BEMS). The Bureau is required to complete a criminal background investigation on every applicant. If additional information is required, we will contact you at the telephone/email provided on your application.

CITIZENSHIP

*Are You a United States Citizen?
 Yes
 No

FINGERPRINT PROCESS

FINGERPRINT SUBMISSIONS/CRIMINAL BACKGROUND INVESTIGATIONS

The Bureau is required to complete a criminal background investigation on every applicant. You will need fingerprints to submit an application. Please follow the link [HERE](#) for detailed instructions on how to find an IDENTOGO location and transmit your fingerprint check to the BEMS prior to submitting your application. You will use the code 2419 when you register with Identigo. This code is only valid for initial applicants. Click here to access the code memo.

•Military deployments, please follow the link [above](#) for detailed instructions on how to submit your fingerprints to the BEMS prior to submitting your application the BEMS.

*I have completed a Fingerprint Check and can provide my Transaction Control Number (TCN)
 Yes
 No

*Please provide your Transaction Control Number (TCN)

Save and Continue

IF YOU HAVE YOUR FINGERPRINTS RESULTS ARE COMPLETE AND YOU HAVE YOUR TCN SELECT YES AND INPUT TCN NUMBER.

SAVE AND CONTINUE.

IF NO, SEE NEXT SLIDE.

Lookup

INSTRUCTIONS

If you are applying for your initial (first) BEMS license (including a first time upgrade to Paramedic or AEMT) after August 28, 2018 you must first submit to and transmit a fingerprint background check to the Bureau of EMS (BEMS). The Bureau is required to complete a criminal background investigation on every applicant. If additional information is required, we will contact you at the telephone/email provided on your application.

CITIZENSHIP

*Are You a United States Citizen?

Yes
 No

FINGERPRINT PROCESS

FINGERPRINT SUBMISSIONS/CRIMINAL BACKGROUND INVESTIGATIONS

The Bureau is required to complete a criminal background investigation on every applicant. You will need fingerprints to submit an application. Please follow the link [HERE](#) for detailed instructions on how to find an IDENTOGO location and transmit your fingerprint check to the BEMS prior to submitting your application. You will use the code 2419 when you register with Identigo. This code is only valid for initial applicants. Click [here](#) to access the code memo.

•Military deployments, please follow the link [above](#) for detailed instructions on how to submit your fingerprints to the BEMS prior to submitting your application the BEMS.

*I have completed a Fingerprint Check and can provide my Transaction Control Number (TCN)

Yes
 No

If you have not completed a fingerprint check and cannot provide a TCN your application will be denied and you will need to re-apply after your fingerprint check has been completed and submitted to BEMS.

Save and Continue

IF YOU SELECT NO, SAVE AND CONTINUE. YOU WILL BE TAKEN TO SIGN AND DATE AND SUBMIT. SEE NEXT SLIDE...



Missouri Department of Health and Senior Services Emergency Medical Services (EMS)

Welcome, John Smith | Logout

- My Account
- Applications
 - Continue 1
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INITIAL EMT APPLICATION FORM

INSTRUCTIONS SIGNATURE/SUBMISSION

ADDITIONAL INFORMATION

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.
- D. I will submit for fingerprinting via an IDEMIA location.

*TODAY'S DATE
8/3/2020 Today

*eSignature (ENTER YOUR SITE PASSWORD TO ELECTRONICALLY SIGN THIS APPLICATION)
Username: John Smith
Password: Successfully Signed

DATE, SIGN AND SUBMIT. AFTER FINGERPRINT RESULTS COMPLETE YOU MAY LOG BACK INTO PORTAL AND CONTINUE THIS SAME APPLICATION.

- My Account
- Applications
 - Continue 2
 - Checkout
 - Transaction
- Training
- Services
- Lookup

Welcome, John Smith | Logout

INITIAL EMT APPLICATION FORM

- INSTRUCTIONS
- DEMOGRAPHIC
- CERTIFICATION/EDUCATION FOR INITIAL LICENSURE
- CRIMINAL HISTORY
- SIGNATURE

Section 1

FOR THE INFORMATION LISTED BELOW ANY FIELD WITH A RED *ASTERISK MUST BE COMPLETED. IF YOU DO NOT COMPLETE THESE REQUIRED SECTIONS YOU WILL NOT BE ABLE TO SUBMIT YOUR APPLICATION.

LAST NAME
Smith

MIDDLE INITIAL OR MIDDLE NAME
O

FIRST NAME
John

SUFFIX

SOCIAL SECURITY NUMBER
... .. Show

BIRTH DATE
10/18/1979

GENDER
Male

CELL OR PRIMARY PHONE
573 644 1234

MAILING ADDRESS (STREET)
1228 Edgewood Dr

IF YOU HAVE GOTTEN TO THIS POINT VERIFY YOUR PERSONAL INFORMATION IS CORRECT. NAME, DATE OF BIRTH AND SOCIAL CAN NOT BE CHANGED BY APPLICANT. THIS MUST BE CHANGED BY BEMS STAFF. DO NOT EMAIL IMAGE TREND.

APARTMENT OR PO BOX
Jefferson City

ZIP CODE
55044

CITY
Lakeville

STATE
Minnesota

COUNTY
Dakota

*EMAIL ADDRESS
emslicensing@health.mo.gov

MILITARY

1. If you are a past member of the United States Armed Forces including National Guard and Reserves that has been honorably discharged within the past two (2) years who requests an EMT-B United States Armed Forces license please download a copy of your certificate of release or discharge from active duty (DD form 214) or an NGB-22 which verifies your honorable discharge and discharge date with your application.
2. If you are a current member of the United States Armed Forces including National Guard and Reserves who requests an EMT-B United States Armed Forces license please download a copy of your common access card with your application.

Please Select Your Current Military Status From the Dropdown Below

Select Please Select Your Current Military Status From the Dropdown Below

PLEASE COMPLETE MILITARY QUESTIONS IF THEY APPLY TO YOU. IF NEEDED PLEASE DOWNLOAD DD-214 OR COMMON ACCESS CARD.

SAVE AND CONTINUE.



Missouri Department of Health and Senior Services Emergency Medical Services (EMS)

Welcome, John Smith | Logout

- My Account
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INITIAL EMT APPLICATION FORM

- INSTRUCTIONS
- DEMOGRAPHIC
- CERTIFICATION/EDUCATION FOR INITIAL LICENSURE
- CRIMINAL HISTORY
- SIGNATURE

SERVICE LEVEL

*PLEASE SELECT THE LEVEL YOU ARE APPLYING FOR.

EMT

*NREMT NUMBER

E123456

*NREMT EXPIRATION DATE

03/31/2023 Today

*PLEASE SELECT ONE OF THE FOLLOWING AGENCY AFFILIATIONS.

- AMBULANCE SERVICE
- FIRE DEPARTMENT
- FIRE PROTECTION DISTRICT
- FIRST RESPONDER AGENCY
- HEALTHCARE FACILITY (HOSPITAL; URGENT CARE; ETC)
- LICENSED EMRA
- POLICE DEPARTMENT
- SHERIFF DEPARTMENT
- VOLUNTEER
- UNAFFILIATED

SELECT LEVEL YOU ARE APPLYING FOR.
INPUT NREMT NUMBER AND EXPIRATION DATE. THIS HAS TO MATCH THE NREMT WEBSITE.

OTHER PROFESSIONAL LICENSES

***NREMT EXPIRATION DATE**

03/31/2023 Today

***PLEASE SELECT ONE OF THE FOLLOWING AGENCY AFFILIATIONS.**

- AMBULANCE SERVICE
- FIRE DEPARTMENT
- FIRE PROTECTION DISTRICT
- FIRST RESPONDER AGENCY
- HEALTHCARE FACILITY (HOSPITAL; URGENT CARE; ETC)
- LICENSED EMRA
- POLICE DEPARTMENT
- SHERIFF DEPARTMENT
- VOLUNTEER
- UNAFFILIATED

PLEASE INDICATE WHICH, IF ANY, AGENCIES YOU ARE AFFILIATED WITH. IF NONE, SELECT UNAFFILIATED.

▼ OTHER PROFESSIONAL LICENSES

***OTHER PROFESSIONAL LICENSES CURRENT AND PREVIOUS**

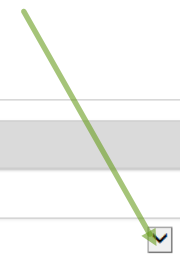
- Doctor of Osteopathic (DO)
- Licensed Practical Nurse (LPN)
- Medical Doctor (MD)
- Nurse Practitioner (NP)
- Physicians Assistant (PA)
- Registered Nurse (RN)
- Respiratory Therapist (RT)
- NONE
- OTHER

Save and Continue

***PLEASE SELECT ONE OF THE FOLLOWING AGENCY AFFILIATIONS.**

- AMBULANCE SERVICE
- FIRE DEPARTMENT
- FIRE PROTECTION DISTRICT
- FIRST RESPONDER AGENCY
- HEALTHCARE FACILITY (HOSPITAL; URGENT CARE; ETC)
- LICENSED EMRA
- POLICE DEPARTMENT
- SHERIFF DEPARTMENT
- VOLUNTEER
- UNAFFILIATED

IF YOU SELECT AN AGENCY AFFILIATION A DROP DOWN MENU WILL APPEAR. CHOOSE YOUR AGENCY NAME.



▼ AGENCY INFORMATION

***THE AGENCY YOU ARE WORKING FOR.**

Select THE AGENCY YOU ARE WORKING FOR.

▼ OTHER PROFESSIONAL LICENSES

***OTHER PROFESSIONAL LICENSES CURRENT AND PREVIOUS**

- Doctor of Osteopathic (DO)
- Licensed Practical Nurse (LPN)
- Medical Doctor (MD)
- Nurse Practitioner (NP)
- Physicians Assistant (PA)
- Registered Nurse (RN)
- Respiratory Therapist (RT)
- NONE
- OTHER

SELECT ANY OTHER LICENSE YOU MAY HOLD, OR SELECT NONE OR OTHER.

SAVE AND CONTINUE.





Missouri Department of Health and Senior Services Emergency Medical Services (EMS)

Welcome, John Smith | Logout

My Account

Applications

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INITIAL EMT APPLICATION FORM

< INSTRUCTIONS

DEMOGRAPHIC

CERTIFICATION/EDUCATION FOR INITIAL LICENSURE

CRIMINAL HISTORY

SIGNATURE >

Section 1

*HAVE YOU EVER HAD ADMINISTRATIVE LICENSURE ACTION TAKEN AGAINST YOUR EMS LICENSE IN MISSOURI OR ANY OTHER STATE?

Yes

No

*HAVE YOU EVER BEEN FINALLY ADJUDICATED AND FOUND GUILTY, OR ENTERED A PLEA OF GUILTY OR NOLO CONTENDERE IN A CRIMINAL PROSECUTION UNDER THE LAW OF ANY STATE OR OF THE UNITED STATES, WHETHER OR NOT YOU RECEIVED A SUSPENDED IMPOSITION OF SENTENCE FOR ANY CRIMINAL OFFENSE?

Yes

No

*HAVE YOU EVER VOLUNTARILY SURRENDERED A HEALTH CARE LICENSE OR CERTIFICATION IN ANY STATE? PLEASE INCLUDE CURRENT AND PREVIOUS STATES.

Yes

No

Save and Continue

COMPLETE THE CRIMINAL HISTORY DISCLOSURE QUESTIONS. IF NO TO ALL, SAVE AND CONTINUE.

Bureau of Emergency Medical Services

Missouri Department of Health and Senior Services

PO Box 570 Jefferson City, MO 65102-0570

Phone: 573-751-6356 Fax: 573-751-6348 Email: EMSLICENSING@health.mo.gov

- Continue 2
- Checkout
- Transaction
- Training
- Services
- Lookup

Section 1

*HAVE YOU EVER HAD ADMINISTRATIVE LICENSURE ACTION TAKEN AGAINST YOUR EMS LICENSE IN MISSOURI OR ANY OTHER STATE?
 Yes
 No

*HAVE YOU EVER BEEN FINALLY ADJUDICATED AND FOUND GUILTY, OR ENTERED A PLEA OF GUILTY OR NOLO CONTENDERE IN A CRIMINAL PROSECUTION UNDER THE LAW 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, INFORMATION OR INDICTMENTS, JUDGEMENTS AND SENTENCING INFORMATION, PLEA AGREEMENTS, PROBATION TERMS AND ANY OTHER INFORMATION YOU WISH CONSIDERED. UPLOAD A DOCUMENT BELOW BY SELECTING THE 'UPLOAD FILE' BUTTON. THEN BROWSE TO THE DOCUMENT NEEDED AND SELECT 'SAVE' WHEN SELECTED. ONCE COMPLETED, IF YOU HAVE ADDITIONAL DOCUMENTS TO UPLOAD, SELECT THE 'ADD ANOTHER' BUTTON AND REPEAT THIS SAME PROCESS. WHEN ALL DOCUMENTS ARE UPLOADED, ANSWER THE LAST QUESTION AND SELECT SAVE AND CONTINUE.

*PLEASE UPLOAD YOUR LEGAL DOCUMENTS

*Name
COURT DOCUMENTATION

Document Type
DISCLOSURE DOCUMENTATION

*HAVE YOU EVER VOLUNTARILY SURRENDERED A HEALTH CARE LICENSE OR CERTIFICATION IN ANY STATE? PLEASE INCLUDE CURRENT AND PREVIOUS STATES.
 Yes
 No

IF YOU CHOOSE YES TO ANY OF THE DISCLOSURE QUESTIONS PLEASE FOLLOW THE PROMPTS THAT WILL POP UP AND PROVIDE ANY INFORMATION REQUESTED.



Missouri Department of Health and Senior Services Emergency Medical Services (EMS)

Welcome, John Smith | Logout

My Account

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INITIAL EMT APPLICATION FORM

< INSTRUCTIONS DEMOGRAPHIC CERTIFICATION/EDUCATION FOR INITIAL LICENSURE **CRIMINAL HISTORY** SIGNATURE >

Section 1

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IF YOU HAVE ANSWERED NO TO ALL DISCLOSURE QUESTIONS SAVE AND CONTINUE.

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INITIAL EMT APPLICATION FORM

Validation Failed! Please supply all required information.
VISA or PASSPORT NUMBER
TCN
License Number
Service

< INSTRUCTIONS DEMOGRAPHIC CERTIFICATION/EDUCATION FOR INITIAL LICENSURE CRIMINAL HISTORY SIGNATURE >

ADDITIONAL INFORMATION

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.
- D. I will submit for fingerprinting via an IDEMIA location.

*TODAY'S DATE
8/3/2020 Today

*eSignature (ENTER YOUR SITE PASSWORD TO ELECTRONICALLY SIGN THIS APPLICATION)
Username: jgage
Password:

Submit

IF YOU HAVE MADE AN ERROR OR FORGOTTEN AN ITEM THE SYSTEM WILL NOW ALERT YOU. CORRECT THESE ITEMS AT THIS POINT. RETURN TO EACH ITEM INDICATED.



Missouri Department of Health and Senior Services Emergency Medical Services (EMS)

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INITIAL EMT APPLICATION FORM

- INSTRUCTIONS
- DEMOGRAPHIC
- CERTIFICATION/EDUCATION FOR INITIAL LICENSURE
- CRIMINAL HISTORY
- SIGNATURE

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*TODAY'S DATE

mm/dd/yyyy Today

*eSignature (ENTER YOUR SITE PASSWORD TO ELECTRONICALLY SIGN THIS APPLICATION)

Username: jgage
Password:

Submit

YOU HAVE MADE IT TO SIGN AND SUBMIT. YOU WILL RECEIVE AN EMAIL THAT YOUR APPLICATION HAS BEEN RECEIVED. YOU CAN CHECK THE STATUS IN YOUR PORTAL. IF THE STATUS SAYS PENDING FINGERPRINT REVIEW IT IS STILL IN PROCESSING. PROCESSING FINGERPRINTS CAN TAKE UP TO THIRTY DAYS. PLEASE ALLOW TIME FOR PROCESSING.

*AT THE TIME YOUR APPLICATION IS APPROVED A BEMS LICENSE WILL BE SENT TO THE EMAIL ON FILE IN YOUR PROFILE.

*YOU WILL NOT RECEIVE A LICENSE IN THE MAIL.

*YOU MAY PRINT OFF A COPY OF YOUR LICENSE BY ACCESSING THE LICENSE LOCATED IN YOUR DOCUMENTS TAB IN YOUR ACCOUNT.

* WE NO LONGER ISSUE PATCHES FROM BEMS.