

## How to Sign the Application Digitally

In an effort to reduce the amount of paper consumed in the application for license and/or relicensure process we are making an effort to make the entire process completely digital. Follow the steps below as described here to do your part.

- 1) Save a copy of the application to your computer.
- 2) Completely fill in all the areas of the application with your vital information.
- 3) When you're ready to sign the application, click your cursor in the signature field (at the bottom of the page).

NOTE: You may or may not get the following message. If you do, just click continue.

6. NAME OF THE EMS AGENCY YOU ARE CURRENTLY WORKING FOR (If applicable)		
7. 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
8. Have you ever had administrative licensure action taken against your EMT license in Missouri or any other state? Yes <input type="checkbox"/> No <input type="checkbox"/> IF YES, EXPLAIN ON ATTACHED SHEET		
9. Has your right to practice in a health care occupation ever been subject to limitation, suspension, or termination? Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/> IF YES, EXPLAIN ON ATTACHED SHEET		
10. Have you ever voluntarily surrendered a health care license or certification in any state? Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/> IF YES, EXPLAIN ON ATTACHED SHEET		
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 <input type="checkbox"/> No <input type="checkbox"/>		
IF YOU HAVE ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, ATTACH A CERTIFIED COPY OF ALL CHARGING DOCUMENTS, SENTENCING INFORMATION, AND JUDGMENTS AND		
12. I HEREBY CERTIFY THAT:		
A. I am able to speak, read, write, and understand the English language necessary to perform the essential functions of an EMT/Paramedic.		
B. I do not have a physical condition that would prevent me from performing the essential functions of an EMT/Paramedic.		
C. This application contains true and accurate information to the best of my knowledge. I further certify that I am not a resident of Missouri as of the date of this application.		
D. 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		DATE
<small>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.</small>		
Mail application to: Bureau of EMS, P.O. Box 570, Jefferson City, MO 65102		
MO 580-0988 (R 11/07)		EMS-3

- 4) A green bar will appear at the top of the document and on the right side of the page you should click the box that says "sign document."

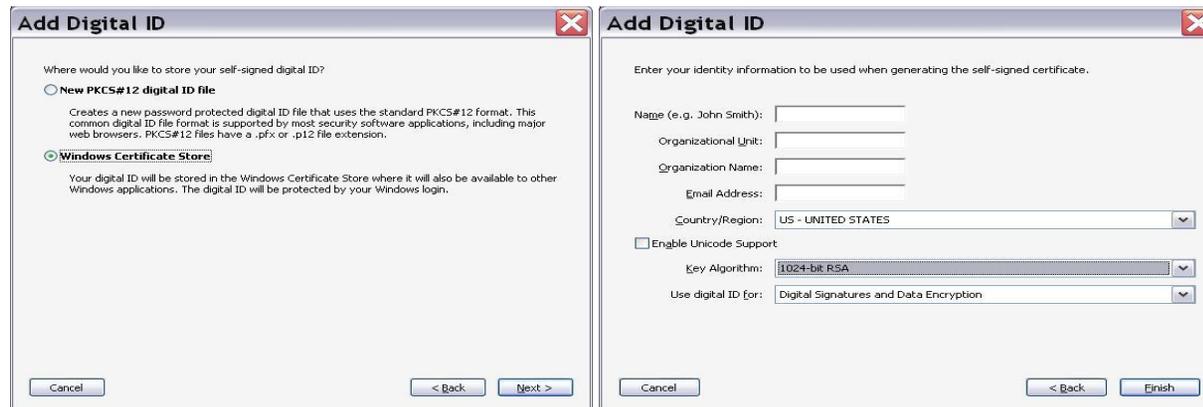


- 5) A "Sign Document" box will appear. Click in the box where it says "Sign As" and select New ID.

6) The “Add Digital ID” box will prompt you to select how to proceed. Select “A new digital ID I want to create now.”



7) Next select Windows Certificate Store and then fill out all the boxes with your personal information.



8) Finally, the “Sign Document” box will appear. From the drop down box entitled “Sign As” and choose your new signature and select “sign.”

9) If you are relicensing via CEU's, list your CEU's on the subsequent pages (as many as necessary) and repeat the steps above to digitally sign each one you use. Also if using continuing education to relicense please make sure you attach digital copies of your CPR certification for EMT-B or your ACLS for Paramedics. If this is your initial license attach a digital copy of proof of National Registry Certification. Finally, Save the application to your computer and mail it to: EmsLicensing@dhss.mo.gov