

Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010 RELAY MISSOURI for Hearing and Speech Impaired and Voice dial: 711



Michael L. Parson

Randall W. Williams, MD, FACOG

July 19, 2018

TO: Interested Parties

FROM: Terry Ellsworth

BEMS

SUBJECT: Paramedic Re-Entry

Entry and/or re-entry into the National Registry may be granted to a previously state-certified/licensed or Nationally Registered EMT-Paramedic.

Using this form as a cover sheet, the candidate shall provide the Missouri Bureau of EMS with documentation of the following:

Candidate's Name:	
Current Address:	
Daytime Phone: _	
Email:	

- 1. Completion of a DOT EMT-Paramedic Training Program after January 1, 1977. Official documents from the class must be attached to this letter.
- 2. Shows satisfactory evidence of prior state certification as an EMT-Paramedic. A copy of license, certification or NREMT card as an EMT-P must be attached to this letter.
- 3. Has current status as a provider or instructor in ACLS by the American Heart Association. A copy of the current card or certificate of completion must be attached to this letter.
- 4. Completed either PHTLS or ITLS as a provider or instructor within the past two (2) years. A copy of the current card or certificate of completion must be attached to this letter.
- 5. Has completed a state approved DOT EMT-Paramedic Refresher Training Program or completed forty-eight (48) hours of ALS training that overviews the topical content of the DOT EMT-Paramedic Refresher Training Program. A certificate of completion or documentation of the training must be attached to this letter. (On-line CEU's will not be accepted)

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6.	. The candidate must answer the following questions:			
a.	, ,	een the subject of an investigation by the Missouri Department of Health & Senior ureau of EMS, the National Registry of EMT's or another state's ing agency or unit? No		
	If yes, when did this investigation occur?			
hea aut issi	ealth care occupation or voluntarily surrendered a			
	proval from the Missouri EMS office supporti			
	ne candidate must then successfully complete the caminations.	NREMT-Paramedic cognitive and practical		
If th	PC Jef 57:	rry Ellsworth reau of EMS D Box 570 Ferson City, MO 65102-0570 3-751-6356 ry.ellsworth@health.mo.gov		