MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF EMERGENCY MEDICAL SERVICES

EMT-COMMUNITY PARAMEDIC CERTIFICATION/RECERTIFICATION APPLICATION

FOR DHSS OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

EMT-P LICENSE NO. ☐☐☐☐☐☐	**DATE CERTIFIED OR RECERTIFIED AS EMT-COMMUNITY PARAMEDIC** ☐☐ ☐☐ ☐☐
EXPIRATION DATE OF EMT-P LICENSE ☐☐ ☐☐ ☐☐	**EMT-COMMUNITY PARAMEDIC CERTIFICATION NO.** ☐☐☐☐☐☐☐☐
DATE APP. REC'D. ☐☐ ☐☐ ☐☐	

APPLICANT MUST COMPLETE INFORMATION BELOW *TYPE OR PRINT*

CURRENT MO EMT-PARAMEDIC LIC NO ☐☐☐☐☐☐	CURRENT MO EMT-PARAMEDIC LICENSE NO. EXPIRATION DATE ☐☐ ☐☐ ☐☐	☐ INITIAL CERTIFICATION APP. ☐ RECERTIFICATION APP.

NAME *(LAST, FIRST, MIDDLE INITIAL)*

SOCIAL SECURITY NUMBER	DATE OF BIRTH __ __/__ __/__ __ __ __ mm dd yyyy	SEX ☐ M ☐ F	DAYTIME PHONE NUMBER E-MAIL ADDRESS

MAILING ADDRESS *(STREET)*

CITY	STATE	ZIP CODE	COUNTY

NAME OF THE COLLEGE, UNIVERSITY OR EDUCATIONAL INSTITUTION WHERE YOU COMPLETED YOUR COMMUNITY PARAMEDIC CERTIFICATION PROGRAM

MAILING ADDRESS (STREET)

CITY	STATE	ZIP CODE	PHONE NUMBER

NAME OF AMBULANCE SERVICE YOU WILL BE WORKING AS AN EMT-COMMUNITY PARAMEDIC

Have you ever had administrative licensure action taken against your EMT license in Missouri or any other state?
Yes ☐ No ☐ *IF YES, EXPLAIN ON ATTACHED SHEET*

Has your right to practice in a health care occupation ever been subject to limitations, suspension or termination?
Yes ☐ No ☐ Not Applicable ☐ *IF YES, EXPLAIN ON ATTACHED SHEET*

Have you ever voluntarily surrendered a health care license or certification in any state?
Yes ☐ No ☐ Not Applicable ☐ *IF YES, EXPLAIN ON ATTACHED SHEET*

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 ☐ No ☐
If you have answered yes to this question, then you must attach to your application a certified copy of all charging documents (such as complaints, informations or indictments), judgment and sentencing information, probation terms and any other information you wish considered).

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-community paramedic with or without a reasonable accommodation.
C. This application contains no misrepresentations or falsifications and the information given by me and the certified copy of my community paramedic certification transcript are true and complete to the best of my knowledge. I further certify that I have both the intention and the ability to comply with Chapter 190, RSMo, and the regulations promulgated under Chapter 190, RSMo.
D. I have been a resident of Missouri for five (5) consecutive years prior to the date of the application or if I have not been a resident of Missouri for five (5) consecutive years prior to the date of the application, then I have provided with this application at least two (2) completed applicant fingerprint cards (FBI for FD-258).
E. I HAVE ATTACHED A CERTIFIED COPY OF MY COMMUNITY PARAMEDIC CERTIFICATION PROGRAM TRANSCRIPT TO THIS APPLICATION. (required only for initial certification)

APPLICANT'S SIGNATURE	DATE

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 pursuant to section 575.060 RSMo.

DECLARATION OF CEUS

NAME OR TYPE OF COURSE	DIV OR MODULE	# OF HRS OF COURSE	TRAINING ENTITY ACCREDITATION #, CECBEMS APPROVAL #, OR OTHER ACCREDITING AGENCY (ACLS, PALS, BTLS, MONA, ACEP, ETC.)	DATE OF COURSE COMPLETION
TOTAL HOURS				

COPY THIS SHEET IF NECESSARY

I HEREBY CERTIFY THAT:

1. I have successfully completed the required continuing education in accordance with state regulations.
2. I have attached a list of these continuing education units.
3. I am in possession of documentation of the required continuing education and will make all records available to the Missouri Department of Health and Senior Services upon request under penalty of license action, up to and including revocation.

APPLICANT'S SIGNATURE	DATE