

EMT-Basic, Intermediate, Paramedic Licensing / Relicensing Checklist

PLEASE ALLOW 30 BUSINESS DAYS FOR APPLICATION PROCESSING

Application Submission

It is preferred that you submit your application by email or by fax @ 573-751-6348. If you are applying for your initial (first) EMS 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, see instructions below*.**

- *If you are relicensing and have been a resident of Missouri for the last 5 consecutive years, emailing or faxing your application assists in providing the shortest possible turnaround time for your license. When submitting your application by email you will receive an email reply (to the email address you used to send your application) verifying the Bureau's receipt of your application. If additional information is required, we will contact you at the telephone/ email provided on your application. Please do not contact the office to check status of the application. If you fax your completed application to: 573-751-6348. Please do not call the office to verify receipt of your fax. Keep your fax receipt as proof of submission.*
- **If applying for your first Missouri EMS license you need to only complete pages 3 and 6 of this application and complete the fingerprint process as described below.*

In order to provide accurate and timely processing of your application please assure the following:

Application is complete and legible. A typed signature is acceptable.

Provide a current email address on your application form. **YOUR LICENSE WILL BE SENT AS AN ATTACHMENT TO AN EMAIL TO THIS EMAIL ADDRESS. (Check your junk email & spam).**

- We will also provide an expiration reminder, 120 days prior to expiration of your license, to this email address. **Please notify us if you change email addresses.**

This Section Applies to Relicensing Only!!!

Pages 4&5 CEU Declaration form (if applicable) is complete and bears your signature (type your name and date in the boxes specified). **DO NOT SEND INDIVIDUAL CERTIFICATES OF CONTINUING EDUCATION.**

- Explanations of credits required to relicense may be found **at the links below:**

Paramedic: <http://health.mo.gov/safety/ems/pdf/2003COREREQUIREMENTSFOREMT-P.pdf>

EMT Basic <http://health.mo.gov/safety/ems/pdf/2003COREREQUIREMENTSFOREMT.pdf>

AEMT: <http://health.mo.gov/safety/ems/pdf/AEMTCoreRequirementsMO.pdf>

- You may attach a summary of your required CEU's as a PDF attachment instead of completing the CEU Declaration pages **but you must sign one of the CEU Declaration pages and submit it with your application.**
 - Please submit your CEU summary as a PDF attachment to your email.

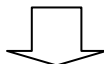
Verification of Required Certifications form is complete and signed (type the information in the boxes specified). **DO NOT SEND COPIES OF CERTIFICATION CARDS.**

FINGERPRINT SUBMISSIONS/CRIMINAL BACKGROUND INVESTIGATIONS

The Bureau is required to complete a criminal background investigation on every applicant. Relicense applicants residing in the State of Missouri for the past five (5) consecutive years will be checked by the Bureau through the Missouri Highway Patrol at no expense to the applicant. Initial applicants see the first paragraph in red below

- ****If you are applying for your initial (first EMS license in Missouri at any level including upgrades to AEMT or EMT-P) Please follow the link below for instructions on how to find an IDENTOGO location and transmit your fingerprint check to the BEMS Prior to submitting your application to the BEMS Initial Link FPC**
- **If you are relicensing and have resided outside the State of Missouri at any time in the last five years, including military deployments, please follow this link on instructions on how to submit your fingerprints to the BEMS prior to submitting your application the BEMS Relicensing Link FPC. Click here for comprehensive instructions on the new background check process.**

CONTINUED



INSTRUCTIONS FOR APPLICATION SUBMISSION BY EMAIL

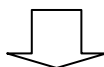
- ✓ Save the blank application (the document you now have opened) to your computer.
- ✓ Open the saved document and type in all of the requested information.
- ✓ Sign the Application, CEU Declaration pages (if applicable) and Required Certification Verification page by typing your name and the date in the boxes specific.
- ✓ Close and save the completed document.

Click this link to open an email: emslicensing@health.mo.gov

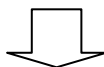
- ✓ Attach your completed application document.
- ✓ In the Subject box enter “Application” and your name.
- ✓ Provide any information you would like us to know in the text box.
- ✓ CLICK SEND.

You will receive a confirmation of receipt response at the email address you sent your application from.

CONTINUE TO APPLICATION FORM



CONTINUE TO APPLICATION FORM





MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF EMERGENCY MEDICAL SERVICES
EMS PERSONNEL LICENSE APPLICATION

BEMS USE ONLY

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

EMT LICENSE NO. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	APPROVED BY/DATE _____	DATE LICENSED <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
DATE APP. REC'D. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		EXPIRATION DATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

APPLICANT MUST COMPLETE INFORMATION BELOW TYPE OR PRINT

1. <input type="checkbox"/> INITIAL LICENSE APP.	CURRENT MO EMS LIC NO. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	EXPIRATION DATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2. <input type="checkbox"/> RELICENSURE APP.	IF APPLICABLE	AND

3. TYPE OF LICENSE APPLIED FOR (Check One) **EMT-Basic** **EMT-Intermediate** **EMT-Paramedic**

4. CERTIFICATION/EDUCATION USED FOR INITIAL LICENSURE OR RELICENSURE: (PLEASE CHECK ONLY ONE)

<input type="checkbox"/> EMT-B NATIONAL REGISTRY (Attach copy of card)	<input type="checkbox"/> EMT-I NATIONAL REGISTRY (Attach copy of card)	<input type="checkbox"/> EMT-P NATIONAL REGISTRY (Attach copy of card)	<input type="checkbox"/> EMT-B CONTINUING EDUCATION	<input type="checkbox"/> EMT-I CONTINUING EDUCATION	<input type="checkbox"/> EMT-P CONTINUING EDUCATION
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5. NAME (LAST, FIRST, MIDDLE INITIAL) _____

SOCIAL SECURITY NUMBER	DATE OF BIRTH MO ___ DAY ___ YR ___	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DAYTIME PHONE NUMBER
			E-MAIL ADDRESS (if applicable)

MAILING ADDRESS (STREET) _____

CITY	STATE	ZIP CODE	COUNTY
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6. Are you 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? Yes No If yes, please attach 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.

7. Are you a current member of the United States Armed Forces including National Guard and Reserves who requests an EMT-B United States Armed Forces license? Yes No If yes, please attach a copy of your common access card with your application.

8. NAME OF THE EMS AGENCY YOU ARE CURRENTLY WORKING FOR.(If applicable) _____

9. 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

10. 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

11. 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

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

13. 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 THE ABOVE QUESTION YOU MUST ATTACH TO YOUR APPLICATION A CERTIFIED COPY OF ALL CHARGING DOCUMENTS (SUCH AS COMPLAINTS, INFORMATIONS OR INDICTMENTS), JUDGMENTS AND SENTENCING INFORMATION, PLEA AGREEMENTS AND PROBATION TERMS AND ANY OTHER INFORMATION YOU WISH CONSIDERED.

14. 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 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.

IF RELICENSING USING CONTINUING EDUCATION, PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM.

Applicant's Signature _____	Date _____
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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 575.06 RSMo.

Mail application to: Bureau of EMS, P.O. Box 570, Jefferson City, MO 65102

VERIFICATION OF REQUIRED CERTIFICATIONS

NOTICE: ALL Applications for Initial Licensure REQUIRE National Registry Certification.

ALL applications for RELICENSURE must provide BLS (EMT-B or I) or ACLS (EMT-P) certification information.

EMT-BASIC (EMT-B)	
NATIONAL REGISTRY CERTIFICATION:	
NATIONAL REGISTRY NUMBER:	
EXPIRATION DATE:	
BASIC LIFE SUPPORT (BLS) CERTIFICATION:	
Certification Expiration Date:	
Training Entity:	
Trainer:	

EMT-INTERMEDIATE (EMT-I)	
NATIONAL REGISTRY CERTIFICATION:	
NATIONAL REGISTRY NUMBER:	
EXPIRATION DATE:	
BASIC LIFE SUPPORT (BLS) CERTIFICATION:	
Certification Expiration Date:	
Training Entity:	
Trainer:	

EMT-PARAMEDIC (EMT-P)	
NATIONAL REGISTRY CERTIFICATION:	
NATIONAL REGISTRY NUMBER:	
EXPIRATION DATE:	
ADVANCE CARDIAC LIFE SUPPORT (ACLS) CERTIFICATION:	
Certification Expiration Date:	
Training Entity:	
Trainer:	

I certify that the information provided on this verification form is true and correct. I understand that any misrepresentation of the certifications listed above may result in discipline being taken against my license.

APPLICANT SIGNATURE:		DATE:	
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