



STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH
EMS Certification Application

Email: dph.emslicensing@ct.gov
 860-509-7975 (O) 860-920-3142 (F)
 Website: www.ct.gov/dph/ems

Click inside this box to insert recent photo of applicant here.
 Acceptable file types: pdf, jpg, JPEG, png.
 (If manually affixing a photo, use tape only)
DO NOT STAPLE

Type of application: EMR EMT AEMT

Please check one: Initial (new course only) Endorsement Recertification Reinstatement: Certification #: _____ Temporary EMT permit
 ➔ **Return completed application to:**

CT DPH, EMS Application Processing, 410 Capitol Ave., MS# 12EMS, PO Box 340308, Hartford, CT 06134-0308

First Name		MI	Last Name		Maiden Name	Social Security (mandatory)	
Email Address			Street Address		City	State	Postal Code
Telephone Number	Cell Number	Male Female	Date of Birth		Ethnicity: Hispanic or Latino Not Hispanic or Latino		
Race: Please check (✓) all that apply American Indian or Alaska Native Asian Black or African American Native Hawaiian or other Pacific Islander White							
Have you held a Connecticut EMR/EMT/AEMT certification in the past?					Yes No	Certification No.	
Are you now or have you ever been certified as an EMS provider in any U.S. state, territory or Canadian province ? If yes, please list all (please abbreviate): _____							
Work experience - List work experience as a EMS Provider:							Yes No
Name of EMS School		Address			City	State	Zip Code End Date
If you plan to take the EMT examination, will you require accommodation for any disability? If yes, attach a statement describing the nature of the disability and the requested accommodation.							Yes No
Have you ever been censured, disciplined, dismissed or expelled from, had admissions monitored or restricted, had privileges limited, suspended or terminated, been put on probation, or been requested to resign or withdraw from any of the following: Any hospital, nursing home, clinic, or similar institution; Any health maintenance organization, professional partnership, corporation, or similar health practice organization, either private or public; Any professional school, clinical clerkship, internship, externship, preceptorship; or postgraduate training program; Any third party reimbursement program, whether governmental or private?							Yes No
Have you ever had your membership in or certification by any professional society or association suspended or revoked for reasons related to professional practice?							Yes No
Has any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, limited, restricted, suspended or revoked any professional license, certificate, or registration granted to you, or imposed a fine or reprimand, or taken any other disciplinary action against you?							Yes No
Have you ever, in anticipation or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any professional license, certificate or registration issued to you by any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction?							Yes No
Have you ever been subject to, or do you currently have pending, any complaint, investigation, charge, or disciplinary action by any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction or any disciplinary board/committee of any branch of the armed services? You need not report any complaints dismissed as without merit?							Yes No
Have you ever entered into, or do you currently have pending, a consent agreement of any kind, whether oral or written, with any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, any branch of the armed services or a foreign jurisdiction?							Yes No
Have you ever been found guilty or convicted as a result of an act which constitutes a felony under the laws of this state, federal law or the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state?							Yes No
If you answered yes to any of the above questions regarding your professional history, please provide full details and provide supporting documentation (e.g. certified court copy with court seal affixed, complaint, answer, judgment, settlement or disposition) that will assist this office's review.							
ATTESTATION: I have reviewed the information provided and verify that it is accurate. I certify under penalties of perjury that I have not been convicted of a crime involving moral turpitude, nor am I addicted to the use of drugs or alcohol. I certify that I am the person on this application and that all statements made herein or on any document attached hereto are true and correct in every respect.							
Signature of Applicant _____				Date _____			