



## STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

## Paramedic Licensing Application

dph.emslicensing@ct.gov | p.860-509-7975 | f.860-920-3142 | 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

## INSTRUCTIONS:

1. Complete this application. (fields outlined in red are required.)
2. Print a copy for notarization by clicking the "print form" button at the bottom of this form.

→ Return completed application and fee to:

CT DPH, Paramedic Application Processing, 410 Capitol Ave., MS# 12APP, PO Box 340308, Hartford, CT 06134

First Name		MI	Last Name		Maiden Name		Social Security number	
Email address		Mailing address			City	State	Zip Code	
Telephone Number	Cell Number	Male Female	Date of Birth		Ethnicity: (choose one) Hispanic or Latino      Not Hispanic or Latino			
Race: (check all that apply) American Indian or Alaska Native      Asian      Black or African American      Native Hawaiian or other Pacific Islander      White								
Are you now or have you ever been licensed as paramedic in any U.S. state, territory or Canadian province?				Yes	No	If yes, please list all (use USPS two letter abbreviations)		
Have you held a Connecticut paramedic license in the past?				Yes	No	License No.		
Work experience - List work experience as a paramedic:								
Name of Paramedic School		Address		City	State	Zip Code	End Date	
If you plan to take the Paramedic examination, will you require accommodation for any disability? <b>If yes, attach a statement describing the nature of the disability and the requested accommodation.</b>								
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?								
Have you ever had your membership in or certification by any professional society or association suspended or revoked for reasons related to professional practice?								
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?								
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?								
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?								
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?								
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?								
<b>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.</b>								
NOTARIZATION: On this _____ day of _____ 20_____, the above referenced individual personally appeared before me, who being duly sworn says that she/he is the person referred to in the foregoing application and that the photograph attached hereto is a true picture of self and that the statements made herein or any document attached hereto are true in every respect.								
Sworn to before me this _____ day of _____ 20_____								
Signature of Applicant				Signature of Notary Public				
My Commission Expires: _____								