

# Instructions to apply for Initial EMT Certification on CT e-license

## Step one – register to create an eLicense user account

- Go to [www.elicense.ct.gov](http://www.elicense.ct.gov) and click on “**Register**” unless you already have a license or certification in the state of CT (example: EMR, PTN, RN, etc).

The screenshot shows the 'Access Your Account' section on the eLicense website. A yellow circle highlights the login fields (User ID, Password) and the 'Log In' button. A red arrow points from the 'Register' link in the bottom left of the login section to the 'Register' button in the 'FIRST TIME APPLICANTS' section on the right. A blue box on the right contains text: 'If you already have a license or certification in the state of CT, login using the information supplied to you the last time you renewed such license or certification. If you have forgotten your user ID or password, please utilize the password and user id recovery tools.'

**Access Your Account**

User ID  
User ID

Password  
Password

Log In

Don't have an account? **Register**  
Forgot Password? Forgot User ID?

**Welcome to the State of Connecticut's eLicense Website**

**VERIFY A LICENSE & ROSTERS:**

- Select **ONLINE SERVICES** for a list of available services.

NOTE: All data contained within License Lookup is maintained by the state of Connecticut, updated instantly and is considered primary source verification.

**LICENSE RENEWALS:**

- Enter the User ID and Password that was provided in the renewal process. If you have forgotten your user ID or password, contact the appropriate agency below.
- First time users **MUST** validate an active email address and an active phone number.
- After logon, Select "Create/Resume a Renewal" under ONLINE SERVICES.

Step-by-step illustrated renewal instructions

**FIRST TIME APPLICANTS:**

- All applicants **MUST** register if this is a first time application.
- Select the "Register" link and create a new account.

**QUESTIONS:** For all inquiries, please email the appropriate agency.

- On the next screen, select “**Individual**”, and “**No**” if this is your first time using the E-License system, then click “**Next**”.

The screenshot shows the 'Register new Account' page. A red arrow points to the 'Individual' radio button under 'Register as:'. Another red arrow points to the 'No' radio button under 'Has the Individual or Business ever had any prior Licensing interaction(s) with any of the following State agencies: Public Health, Consumer Protection, Agriculture, Early Childhood, or Board of Accountancy?'. The 'Next' button is at the bottom left.

**Register new Account**

Fields marked with an asterisk \* are required.  
Step 1. Business or Individual

**Register as:**

☒ Individual  
☐ Business

**Note: Register as the Individual or Business entity for whom the credential will be issued.**  
**\*\*Do NOT proceed with registration if the Individual or Business has ever been issued an online User ID. Proceed to Login to recover your account login information\*\***

**Has the Individual or Business ever had any prior Licensing interaction(s) with any of the following State agencies: Public Health, Consumer Protection, Agriculture, Early Childhood, or Board of Accountancy?**

☐ Yes  
☒ No

Next Cancel

- Complete all information in the form and click **“Create Account”**.

**Registration**

Account Information \* denotes required fields

\*User ID

\*Email

\*Password

Confirm Password

Personal Information

\*First Name

Middle Name

\*Last Name

**Registration**

Public Address ☐ Same as Public Address

Attention

Address

Address Line 2

City

State

Country

Zip

Phone Number

Cell Phone

Mailing Address

Attention

Address

Address Line 2

City

State

Country

Zip

Phone Number

Cell Phone

**Secret Questions**


Secret Question 1  Answer 1

Secret Question 2  Answer 2

Secret Question 3  Answer 3

**Captcha Verification**

Please note that this code is case sensitive.

 Enter Code\*

0:00 / 0:09

**Create Account**

- Once complete you will see this screen, which will prompt you to check your email:

User ID changed successfully.

⚠ There is currently 1 issue with your account.  
Please resolve it before going further.

Your email address has not been verified. If you have not yet received an email to do this, please follow the instructions below.

User ID:	dph.test	<a href="#">Change User ID</a>
E-mail:	<p>dph.emslicensingandrenewal@ct.gov</p> <p>Your account or new email address has not yet been verified. You have been sent a verification email by the system to your email address of record. You may have to check your SPAM filter. Click on the link provided in the email. Once clicked you will be returned to your account and provided access.</p> <p>If you have not yet received the email, you may click the below button labeled "Generate E-mail" and a new one will be sent to you. Please note: When you click the "Generate E-mail" button any older verification emails will be invalid. Ensure that you click the link in the most recently received email.</p> <p><a href="#">Generate E-mail</a></p>	
		<a href="#">Change Email</a>

- Check your email for a verification email and click the link contained in it.

This message is intended to verify the email address on file for you in the State of Connecticut's eLicensing website and to allow you to use the other online functionality.

To complete the process, please click the hyperlink below if it appears in your email program. If it does not appear as a hyperlink please read the instructions below.

[Click here](#)

If a hyperlink does not appear above, then please copy the following text into your web browser's address bar (all the text below must be put in as a single line with no spaces)

<https://www.elicense.ct.gov/Account/VerifyEmail.aspx?guid=5ed30704-11dc-48e0-b728-07dc2374bd92&email=dph.emslicensingandrenewal@ct.gov>

- Once you click the link, a browser window will open and you will see this screen:

Your e-mail address has now been verified. The Online Services link allows you to navigate our site by selecting the appropriate transaction you wish to accomplish. Online Services is located at top and bottom of this screen.

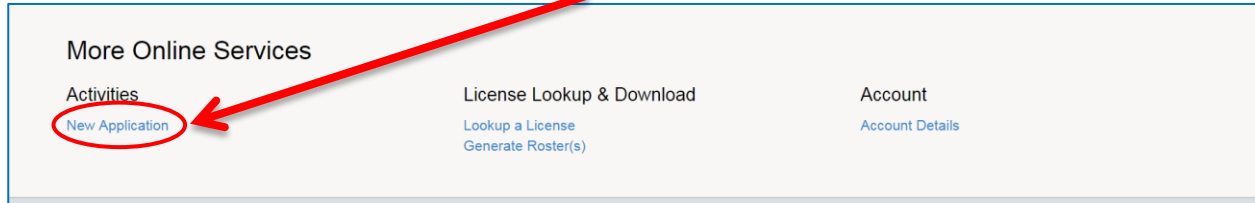
User ID:	dph.test	<a href="#">Change User ID</a>
E-mail:	dph.emslicensingandrenewal@ct.gov	<a href="#">Change Email</a>
Password:	<a href="#">Change Password</a>	
Security Questions:	<a href="#">Change Security Questions</a>	

**Now you're ready to login into eLicense and complete your application!**

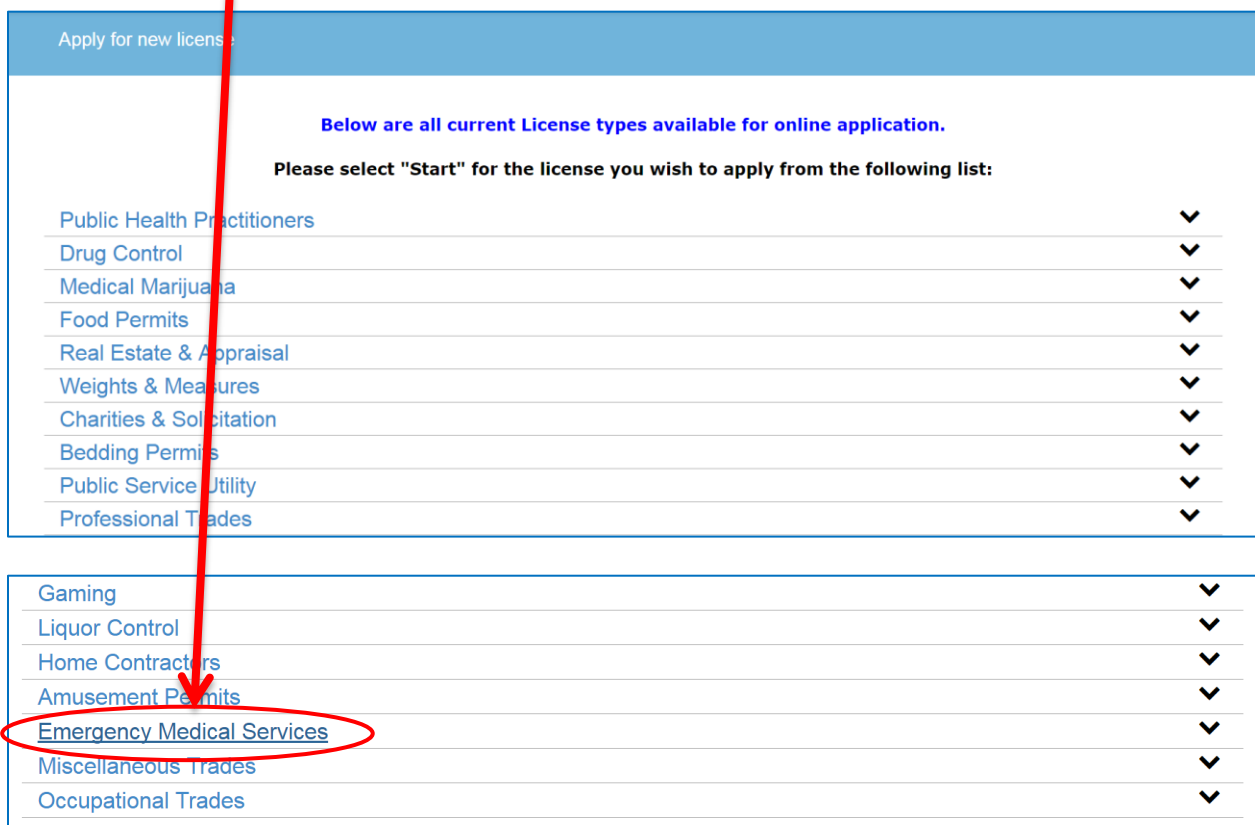
## Step two – create, complete and submit your application

This is important as it enables OEMS to track your exam results when they start coming in.

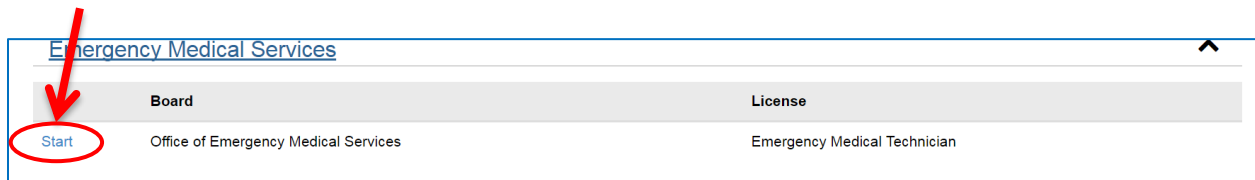
- Browse to the [eLicense homepage](https://www.elicense.ct.gov) and click on “New Application”.



- Select “Emergency Medical Services”.



- Select “Start”.



- Fill in your demographic information (any fields with a red “\*” are required)

Emergency Medical Technician

Demographic Information

Fields marked with an asterisk \* are required.

1. First Name  
\*  Field required

2. Middle Initial

3. Last Name  
\*  Field required

4. Maiden Name

5. Social Security Number  
\*

6. Race  
\* - select one -

7. Please provide your Date of Birth  
\*  (MM/DD/YYYY) Today

8. Gender  
\* - select one -

9. Ethnicity: Please choose one  
\* - select one -

10. Please attach a recent photo of the applicant.

No document(s) uploaded for this question.

Select a document to upload:  
Choose File No file chosen

\* File types accepted: bmp, doc, docx, fsd, htm, jpeg, jpg, mlt, msg, pdf, png, rtf, tif, tiff, txt, vsd, x  
Upload Document

**IMPORTANT!!** If, at any time, you need to exit your application BEFORE you are finished, click the “Close and Save” button. This will save your work so far in order to go back in at a later time.

- Once complete select “Next”.

Previous **Next** **Close and Save**

- On this screen, if you took a course in the state of Connecticut, select “**Exam**” from the dropdown list, then click “**Next**”.

**Emergency Medical Technician**

**Basis of Certification**

Please select a basis for certification.

Please note the following definitions:

**Endorsement:** Select this basis if you are certified in your profession in any other U.S. state and you are currently certified by the National Registry of Emergency Medical Technicians.

**Exam:** Select this basis if you completed training provided by a Connecticut EMS-Instructor and have taken, or plan to take, the certification examinations.

11. Please select a basis of certification based on the definitions above.

Exam ▼

Previous Next

Close and Save

- On the next screen, answer all questions, and upload any documentation you feel will help OEMS to determine your eligibility, then click **“Next”**.

**Emergency Medical Technician**

Professional History

Fields marked with an asterisk \* are required.

12. 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

13. 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

14. 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

15. 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

**Emergency Medical Technician**

16. 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

17. 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

18. 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

19. Provide details regarding any question(s) above that you may have answered affirmatively.

20. Please upload any documents you feel will assist the Department with the review of your affirmative response(s).

No document(s) uploaded for this question.

Select a document to upload:

Choose File No file chosen

File types accepted: bmp, doc, docx, ftd, htm, jpeg, jpg, mlt, msg, pdf, png, rtf, tif, tiff, txt, vsd, xls, xlsx, xml

Upload Document

Previous **Next** Close and Save



The next section is important as it is how OEMS will verify your training.

- Complete all information, then click “Next”.

Emergency Medical Technician

Application Instructions

Demographic Information

Basis of Certification

Professional History

Training Course Information

Training Course Information

Please enter the training course you completed that qualifies you for this certification.

21. Please enter your primary course instructor's first name:

22. Please enter your primary course instructor's last name:

23. Enter the town in which the majority of the training occurred:

24. Connecticut OEMS course approval number (please ask your instructor for this number):

25. Date Course Completed

Previous Next Close and Save

- These next 2 sections are the practical and NREMT examination sections.
  - If you have completed both exams, answer “Yes” to question #26, and complete both mandatory sections, then click “Next”. If you leave any fields blank, **your application will remain incomplete and will not be processed by OEMS.**
  - If you have not completed both exams, answer “No” and click “Next” on both screens.

Emergency Medical Technician

Application Instructions

Demographic Information

Basis of Certification

Professional History

Training Course Information

Examination

Examination

Fields marked with an asterisk \* are required.

26. Did you successfully complete the Connecticut approved state practical examination?

27. Please enter the date you passed the approved practical examination (if unsure, please estimate)

28. Did you successfully complete the National Registry of Emergency Medical Technicians' written examination?

29. Please enter the date you passed the NREMT examination (if unsure, please estimate):

Previous Next Close and Save



**Emergency Medical Technician**

**National Registry of Emergency Medical Technicians Certification**

30. Are you now, or have you ever been, certified by the National Registry of Emergency Medical Technicians?

☐ Yes ☐ No

31. NREMT Certification Number

32. NREMT Certification Expiration Date:

(MM/DD/YYYY) Today

Previous Next Close and Save

- If you have ever been certified in any state or territory, you will need to complete the Verification of EMS License/Certification Form, which is available on the [EMT Certification by Examination page](#) of the OEMS website.

**Emergency Medical Technician**

**Other State Certification**

33. Are you now, or have you ever been, licensed, certified or registered as an EMS provider in any state or territory? If yes, list all states or territories by selecting the ADD button.

Action	State	Disciplinary Action
No Records Found		

Add

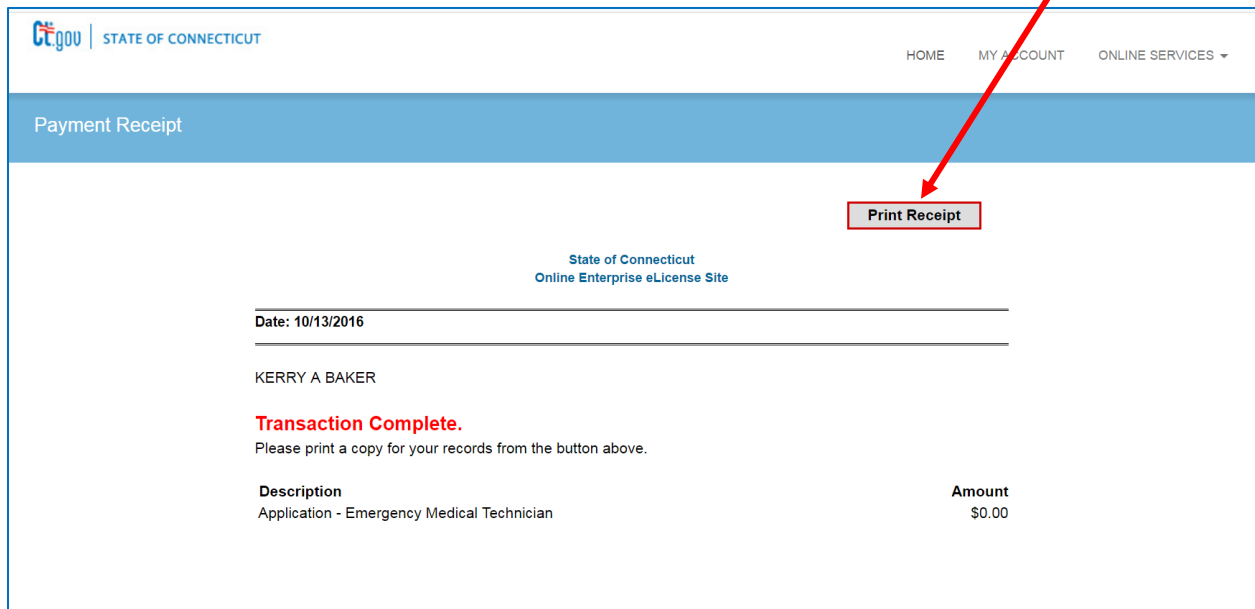
Previous Next Close and Save

- If you are currently affiliated with an EMS organization (volunteer, employed, etc), enter that information by clicking “Add” for a list of EMS organizations to choose from.

- By entering today’s date you are formally signing your application, and attesting that all information is true and correct under penalties of perjury.

- By clicking “Next” you will be sent to a review screen, where you have the ability to make any changes prior to submitting your application.

- Once you review your application and click **“Finish”** in the review screen, your application is submitted, and you have the ability to print a copy of your application for your records by clicking **“Print Receipt”**.



The screenshot shows the 'Payment Receipt' page on the State of Connecticut's Online Enterprise eLicense Site. The page header includes the 'ct.gov' logo and navigation links for 'HOME', 'MY ACCOUNT', and 'ONLINE SERVICES'. The main content area displays the user's name 'KERRY A BAKER' and the date '10/13/2016'. A red box highlights the 'Print Receipt' button, with a red arrow pointing to it from the top right. Below the button, the text 'Transaction Complete.' is displayed in red, followed by the instruction 'Please print a copy for your records from the button above.' A table at the bottom shows the transaction details:

Description	Amount
Application - Emergency Medical Technician	\$0.00

Your application is now complete.

The processing time for EMS Provider applications is 4-6 weeks.

**This 4-6 week processing time begins when OEMS has received *all the documentation necessary for processing.***