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Acceptable file types: pdf, jpg, JPEG, png.

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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

Form with fields for: 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, Race, Licensing history, Work experience, Professional history, and Notarization section.