

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

Application for: EMR EMT AEMT

INSTRUCTIONS:

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

3. Submit to OEMS by clicking the "submit form" button at the bottom of this form, which will open a new email window. Enter the course approval number and applicant's last name in the subject line of the email (example: 17-12345/Smith).

NOTE: Application processing time is 4-6 weeks from the time we receive the final required documentation, which includes the course completion paperwork your instructor must also submit. OEMS cannot process an application until we receive all paperwork.

First Name		MI	Last Name		Maiden Nan	ne S	ocial Secur	ity number		
Email address		Mailing address			City	·	State	Zip Code		
Cell Number Cell Number		Male Date of Birth Female			5	Ethnicity: (choose one) Hispanic or Latino Not Hispanic or Latino				
Race: (check all that apply American Indian or Ala		ın	Black or African An	nerican	Native Hawaii	an or other Pac			White	
Are you now or have you any U.S. state, territory or		an EMS p	rovider in Yes		If yes, please lis USPS two letter					
First and Last name of Co	=	CT OI	EMS Course Approval			licant's CT cert		umber		
1. Have you ever been cer suspended or terminated, home, clinic, or similar ins organization, either privat training program; Any thi	been put on probation, stitution; Any health ma e or public; Any profess	or been rec intenance ional scho	quested to resign or wi organization, professio ol, clinical clerkship, ir	thdraw from a nal partnershij iternship, exter	ny of the follow p, corporation, c	ing: Any hospi or similar healt	tal, nursing n practice	Y	es No	
2. Have you ever had your reasons related to professi		fication by	any professional socie	ty or associatio	on suspended or	revoked for		Y	es No	
3. 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?									es No	
4. Have you ever, in antiprofessional license, certification foreign jurisdiction?									es No	
5. Have you ever been sub professional licensing or d jurisdiction or any discipli without merit?	isciplinary body in any	state, the D	District of Columbia, a	United States p	ossession or ter	ritory, or a fore	eign	Y	es No	
6. Have you ever entered i professional licensing or d armed services or a foreign	isciplinary body in any							Y	es No	
7. Have you ever been fou laws of another jurisdictio								e Y	es No	
If you answered yes to (e.g. certified court c	any of the above ques opy with court seal af									
= Uhygih Y]bZcfa Ulcb person is guilty of false notice, authorized by lay intended to mislead	statement in the 2nd de	gree when e statemen	a person intentionall ts made therein are pu	WitbXh Yd\c y makes a falso unishable, whi	e written staten ch he/she does	ent under oat not believe to	n or pursua be true and	nt to a form which stat	bearing	
By signing my name be			nature & attest that a d herein is subscribe				ccurate M	ly signature	e verifies	1
Signature of App	olicant:			6	Date:					

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)

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