

Instructions to apply for License/Certification on CT e-license

Step one – register to create an eLicense user account

- Go to www.elicense.ct.gov and click on “Register”. If you already have a license or certification in the state of CT (example: EMR, PTN, RN, etc), do not re-register.

The screenshot shows the CT eLicense website with a navigation bar at the top containing 'Login' and 'Register' links. Below the navigation bar is a 'Welcome' message and a 'Verify a License & Rosters' section. A yellow circle highlights the 'Access Your Account' form, which includes fields for 'User ID' and 'Password', a 'Log In' button, and links for 'Don't have an account? Register', 'Forgot Password?', and 'Forgot User ID?'. A red arrow points from the 'Register' link in the navigation bar to the 'Register' link in the 'Access Your Account' form. 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.'

- 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. It includes a 'Register as:' section with radio buttons for 'Individual' and 'Business'. A red arrow points to the 'Individual' radio button. Below this is a 'Note: Register as the Individual or Business entity for whom the credential will be issued.' followed by a red warning: '**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**'. Below this is a question: '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 'No' radio button is selected and circled in red. At the bottom are 'Next' and 'Cancel' buttons. A red arrow points from the 'Next' button in the previous screenshot to the 'Next' button in this screenshot.

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


ct.gov | STATE OF CONNECTICUT

HOME MY ACCOUNT ONLINE SERVICES ▾

Registration

Account Information

* denotes required fields

*User ID 

*Email

*Password

Confirm Password

Personal Information

*First Name

Middle Name

*Last Name

Registration

Public Address

Attention

Address

Address Line 2

City

State

Country

Zip

Phone Number

Cell Phone

Mailing Address

☐ Same as Public 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 the screen below, which directs you check for a verification 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	Change User ID
E-mail:	dph.emslicensingandrenewal@ct.gov 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. 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.	Change Email

[Generate E-mail](#)

- Open 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 link is clicked, 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	Change User ID
E-mail:	dph.emslicensingandrenewal@ct.gov	Change Email
Password:	Change Password	
Security Questions:	Change Security Questions	

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

- Browse to the [eLicense homepage](#) under More Online Services and click on “Initial Application”.

More Online Services

Activities

[Initial Application](#)
[File a Complaint](#)

License Lookup & Download

[Lookup a License](#)
[Generate Roster\(s\)](#)
[Public Reports](#)

Account

[Account Details](#)

- Scroll down and select “Emergency Medical Services”.

Apply for new license

Below are all current License types available for online application.

Please select "Start" for the license you wish to apply from the following list:

Public Health Practitioners	▼
Drug Control	▼
Medical Marijuana	▼
Food Permits	▼
Real Estate & Appraisal	▼
Weights & Measures	▼
Charities & Solicitation	▼
Bedding Permits	▼
Public Service Utility	▼
Professional Trades	▼
Gaming	▼
Liquor Control	▼
Home Contractors	▼
Amusement Permits	▼
Emergency Medical Services	▼
Miscellaneous Trades	▼
Occupational Trades	▼

- Select “Start” next to appropriate license.

	License	Board
Start	Advanced Emergency Medical Technician	Office of Emergency Medical Services
Start	Emergency Medical Responder	Office of Emergency Medical Services
Start	Emergency Medical Service Instructor	Office of Emergency Medical Services
Start	Emergency Medical Technician	Office of Emergency Medical Services
Start	Paramedic	Office of Emergency Medical Services

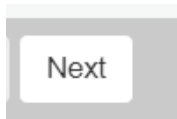
Application Instructions

Thank you for applying for your certification online. In order to be eligible for EMS-Instructor Certification, you need to hold current CT certification/licensure as an EMT, AEMT or Paramedic. In addition, as part of this application you will be required to upload recent photo of yourself along with the following information:

- Evidence of completion of an EMS-I training course (diploma or certificate)
- Evidence of completion of 25 hours of student teaching
- Letter(s) of endorsement from two currently certified EMS instructors
- Letter from chief of EMS service verifying 24 months experience

> Please make sure you have these documents on the device you are using to file this application.

Click Next to the Application Instruction Page



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

Emergency Medical Technician

Application Instructions

Demographic Information

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 -

Please be sure to upload recent photo

10. Please attach a recent photo of the applicant.

No document(s) uploaded for this question.

Select a document to upload:

No file chosen

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

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

- 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

Application Instructions

Demographic Information

Basis of Certification

Professional History

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

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:

No file chosen

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

Previous

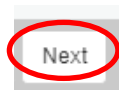
Complete the Certification Information Page

Application Instructions	Certification Information
Demographic Information	Are you now or have you ever been certified as one of the following in CT, Indicate all that apply
Professional History	21. EMT Cert No: <input type="text"/>
Certification Information	22. EMT Expiration date <input type="text"/> (MM/DD/YYYY) Today
	23. AEMT Cert No <input type="text"/>
	24. AEMT Expiration date <input type="text"/> (MM/DD/YYYY) Today
	25. Paramedic Cert No <input type="text"/>
	26. Paramedic Expiration date <input type="text"/> (MM/DD/YYYY) Today

Document upload screen

Application Instructions	Document Uploads for Instructor Certification
Demographic Information	Fields marked with an asterisk * are required.
Professional History	27. Please upload evidence of completion of an EMS-I training course (diploma or certificate)
Certification Information	No document(s) uploaded for this question. Select a document to upload: <input type="button" value="Choose File"/> No file chosen File types accepted: bmp, doc, docx, jpeg, jpg, pdf, png, tif, tiff, txt, xls, xlsx <input type="button" value="Upload Document"/>
Document Uploads for Instructor Certification	* Upload at least one file
	28. Evidence of completion of 25 hours of student teaching
	No document(s) uploaded for this question. Select a document to upload: <input type="button" value="Choose File"/> No file chosen File types accepted: bmp, doc, docx, jpeg, jpg, pdf, png, tif, tiff, txt, xls, xlsx <input type="button" value="Upload Document"/>
	* Upload at least one file
	29. Upload letters of support from two (2) currently certified Connecticut EMS Instructors
	No document(s) uploaded for this question. Select a document to upload: <input type="button" value="Choose File"/> No file chosen File types accepted: bmp, doc, docx, jpeg, jpg, pdf, png, tif, tiff, txt, xls, xlsx <input type="button" value="Upload Document"/>
	* Upload at least one file

Click Next



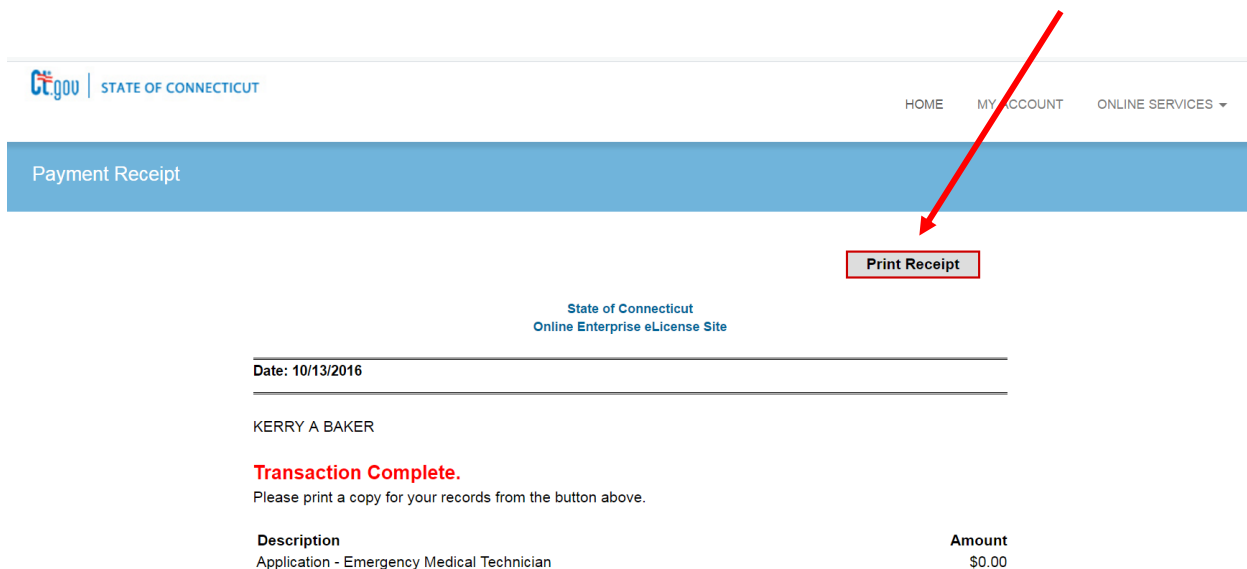
- If you have ever been certified in any state or territory, you will need to complete the Verification of EMS License/Certification Form, which is available on the [EMT Certification by Examination page](#) of the OEMS website.

The screenshot shows the 'Emergency Medical Technician' application window. The left sidebar contains a list of sections: Instructions, Demographic Information, Basis of Certification, Professional History, Training Course Information, Examination, National Registry of Emergency Medical Technicians Certification, and Other State Certification. The 'Other State Certification' section is selected and highlighted in blue. The main content area is titled 'Other State Certification' and contains the following text: '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.' Below this text is a table with three columns: 'Action', 'State', and 'Disciplinary Action'. The table currently displays 'No Records Found'. There is an 'Add' button below the table. At the bottom of the window, there are 'Previous' and 'Next' buttons, and a red 'Close and Save' button.

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

The screenshot shows the 'Emergency Medical Technician' application window. The left sidebar contains a list of sections: Certification, Professional History, Training Course Information, Examination, National Registry of Emergency Medical Technicians Certification, Other State Certification, Connecticut EMS Service Affiliation, and Attestation. The 'Attestation' section is selected and highlighted in blue. The main content area is titled 'Attestation' and contains the following text: 'Fields marked with an asterisk * are required.' Below this text is a paragraph: '35. I attest that the information provided by me in this application is true in every respect and that the photograph uploaded is a true picture of me. I understand that a person is guilty of false statement in the second degree when a person intentionally makes a false written statement under oath or pursuant to a form bearing notice, authorized by law, to the effect that false statements made therein are punishable, which he/she does not believe to be true and which statement is intended to mislead a public servant in the performance of his/her official function. A false statement in the second degree is a class A misdemeanor. By entering a date below, I attest that all information entered by me is true and accurate.' Below this paragraph is a date field with a red asterisk, a calendar icon, and the text '(MM/DD/YYYY) Today'. At the bottom of the window, there are 'Previous' and 'Next' buttons, and a red 'Close and Save' button.

- 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. The application can be printed for your records by clicking “**Print Receipt**”.



Payment Receipt

Print Receipt

State of Connecticut
Online Enterprise eLicense Site

Date: 10/13/2016

KERRY A BAKER

Transaction Complete.
Please print a copy for your records from the button above.

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*.