



STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

EMS Reinstatement Certification Application

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

Application for: EMR EMT AEMT EMSI

Click inside this box to insert recent photo of applicant.

Acceptable file types:

pdf, jpg, JPEG, png.

In order to upload a photo the application must first be downloaded to your computer.*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 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 up to 4 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 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 certified as an EMS provider in any U.S. state, territory or Canadian province?					Yes	No	If yes, please list all (use USPS two letter abbreviations)		
First and Last name of Course Instructor				CT OEMS Course Approval Number			Applicant's CT certification number		
1. 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
2. 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
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?								Yes	No
4. 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
5. 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
6. 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
7. 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
If you answered yes to any of the above questions regarding your professional history, please provide full details and supporting documentation (e.g. certified court copy with court seal affixed, complaint, answer, judgment, settlement or disposition) that will assist this office's review.									
ATTESTATION: I, [Name], uploaded is a true picture of me. I understand that a person is guilty of false statement in the 2nd 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 2nd degree is a Class A misdemeanor. By signing my name below, I am providing my legal signature & attest that all information entered by me is true and accurate.. My signature verifies the information provided herein is subscribed by me under penalty of false statement.									
Signature of Applicant:							Date:		