



**Rhode Island Department of Health
Center for Emergency Medical Services**

3 Capitol Hill , Room 105
Providence, RI 02908-5097

Application For

***License as an
Emergency Medical Services Practitioner***

Select the level of EMS license you are applying for (check one):

- EMR EMT AEMT **Advanced
EMT-Cardiac (AEMT-C)** Paramedic

MILITARY STATUS ELIGIBILITY

*(Documentation Required)
see last page for instructions*

Please check ONE of the following criteria for expedited application:

- I am in active military duty or a reservist
 I am a military veteran with honorable discharge
 I am the spouse of someone in active military duty or the spouse of a reservist

Applicant - Print Name

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LAST NAME

FIRST NAME

MI

Do Not Hand Deliver - Application Must Be Mailed

FOR DEPARTMENT OF HEALTH USE ONLY

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date _____	By _____
EMT# _____		Expiration Date: _____	

Phone: (401) 222-2401

TTY/TDD: (800) 745-5555

Fax: (401) 222-3352

GENERAL INFORMATION

1. Requirements for EMS practitioner licensure are established by the Rules and Regulations 216-RICR-20-10.2 available through the Center for EMS website at <http://www.health.ri.gov/licenses>
2. EMT licensure can be denied pursuant to the provisions of the Rules and Regulations 216-RICR-20-10.2. Statements or documents may be considered sufficient cause to deny or revoke a license as an EMS practitioner in Rhode Island and may result in additional penalties as determined by law. The Department may conduct random application audits, requiring the EMS practitioner applicant to file proof of completion of the above training requirements for renewal.
3. Should you have any questions regarding the EMS practitioner license requirements or completion of the application form, contact (401) 222-2401.
4. Please allow 4-6 weeks for applications to be processed. You can visit our website at <http://www.health.ri.gov> and click on Verify a License in order to check on the status of your application.



PLEASE NOTE: This application form (dated 02/08/2019) supplants all previous versions. Prior versions of the application will not be accepted or processed.

APPLICATION INSTRUCTIONS

1. Complete all application materials as instructed. Please answer all questions. Incomplete questions or incomplete applications will not be processed. Please mark "NA" on questions that are Not Applicable.
2. Do not detach any full pages from this booklet.
3. Please type this application using the fillable form online then print the completed application.
4. Sign the application and return it with the required fee(s).

Do not submit the application without all applicable information, documentation and fee(s).
5. Mail the completed application to: (Do Not Hand Deliver)
Rhode Island Department of Health
Division of Emergency Medical Services
Room 104, 3 Capitol Hill
Providence RI 02908-5097

Please note: Extra postage will be required.
6. **Faxed applications WILL NOT be accepted.**

**PERSONAL CHECKS WILL NOT BE ACCEPTED.
PAYMENT MUST BE A (CASHIER'S CHECK OR MONEY ORDER)**

REQUIRED DOCUMENTATION

1. **ALL** applicants at any level must submit an **ORIGINAL** Bureau of Criminal Identification (BCI) report. You must apply to the Department of Attorney General's Office. For information on this process please visit: <http://www.riag.state.ri.us/homeboxes/BackgroundChecks.php>. Out-of-state applicants should check with the Attorney General's office from their state of residence.
2. Photostatic copy (front and back) of a **current - signed** Healthcare Provider level or equivalent cardiopulmonary resuscitation (CPR) card eg. (American Heart Association Healthcare Provider, American Red Cross Professional Rescuer, American Safety and Health Institute CPRPRO, Medic First Aid BLSPRO, or National Safety Council Professional Rescuer CPR). **This card must be signed.**
3. **For First-Time Applicants** - photostatic copy of High School Diploma or GED
4. Photostatic copy of diploma or certificate from the licensed EMS training provider verifying completion of the EMT training program specific to the level of licensure application.
5. **EMR, EMT, AEMT and Paramedic Applicants** - photostatic copy of current NREMT Registration

In Addition to 1-6 Out of State AEMT Applicants Must Also Complete 6-8
6. Photostatic copy of EMS Practitioner license from a state other than Rhode Island, if applicable.
7. Photostatic copy of current registration with the National Registry of Emergency Medical Technicians if applying for EMR, EMT, AEMT or Paramedic.
8. Interstate Verification Form completed by each state (other than Rhode Island) in which the applicant has been licensed.

IMPORTANT: Licensure is an individual responsibility and NOT the responsibility of your employer or supervisor.

7. Other State Licensure

List all states or countries in which you are now or ever have been licensed to practice as an EMT.

YOU must send a copy of the Interstate Verification Form to each entity (see page 10).

State/Country:	_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive	State/Country:	_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive
_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive		_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive	
_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive		_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive	
_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive		_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive	
_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive		_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive	

8. Program Information

[Grid for Name of Program Director]																							
Name of Program Director																							
[Grid for Name of Medical Director]																							
Name of Medical Director																							
[Grid for License Number of Instructor-Coordinator]																							
License Number of Instructor-Coordinator																							
[Grid for EMS Training Institution]																							
EMS Training Institution																							
[Grid for Month]				[Grid for Day]				[Grid for Year]				[Grid for Month]				[Grid for Day]				[Grid for Year]			
Month				Day				Year				Month				Day				Year			

9. Disaster Availability

I am interested in becoming a volunteer emergency responder during a disaster or state of emergency. Yes No

10. Rhode Island Ambulance Service Affiliation

Please list only ONE affiliation. If you have no affiliation, please mark question as NA.

[Grid for Licensed Ambulance Service]																							
Licensed Ambulance Service																							
[Grid for 1st Line Address]																							
1st Line Address (Department/Suite/Room Number, etc.)																							
[Grid for Second Line Address]																							
Second Line Address (Number and Street)																							
[Grid for City]								[Grid for State]				[Grid for Zip Code]				[Grid for City]				[Grid for Zip Code]			
City								State				Zip Code				City				Zip Code			
[Grid for Country]																							
Country, if NOT U.S.																							
[Grid for Business Phone]				[Grid for Extension]				[Grid for Business Fax]				[Grid for Business Phone]				[Grid for Extension]				[Grid for Business Fax]			
Business Phone				Extension				Business Fax				Business Phone				Extension				Business Fax			

11. Licensed Ambulance Service Verification

To be completed by Chief of department or service.

I hereby certify that _____ is a bonafide member of my EMS Service/Department and that said affiliation is true and accurate.

Printed Name of Chief

Signature of Chief

Date of Signature

12. Active Military or Veteran

Are you or your spouse a veteran or active military?

- Yes, I am a veteran or active military
- Yes, my spouse is a veteran or active military
- No, neither I nor my spouse would be considered veterans or active military

If applying for expedited military status, please complete the Military Expedition Form at the end of this application packet.

13. Criminal Convictions

Respond to the question at the top of the section, then list any criminal conviction(s) in the space provided.

If necessary, you may continue on a separate 8½ x 11 sheet of paper.

Have you ever been convicted of a violation, pleaded *Nolo Contendere*, or entered a plea bargain to any federal, state or local statute, regulation, or ordinance, or are any formal charges pending?

Yes No

Abbreviation of State and Conviction¹ (e.g. CA - Illegal Possession of a Controlled Substance):

	Month	Year
_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>

14. Disciplinary Questions

Check either Yes or No for each question.

1. Has any health professional license, certificate, registration, or permit you hold or have held, been disciplined or are formal charges pending? Yes No
2. Have you ever been denied a health professional license, certificate registration or permit in any state? Yes No
3. Has an Ambulance Service, for any reason, ever suspended, restricted, or placed on probation your EMS privilege to practice? Yes No

Note: If you answer "Yes" to any question, you are **required** to furnish complete details, including date, place, reason and disposition of the matter. You may use the space below or, if needed, on a separate sheet of paper.



Substitute forms are not acceptable - Copy this form as needed.

Center for Emergency Medical Services

Room 104, 3 Capitol Hill
Providence, RI 02908-5097
(401) 222-2401

INTERSTATE VERIFICATION FORM - ORIGINAL AND ALL OTHER STATES OF LICENSURE

Applicant Instructions: Complete the top portion of this form and forward it to each state or territory where you have been trained and/or licensed, certified or registered as an Emergency Medical Services provider (make copies as necessary).

I am applying for a license to practice as an Emergency Medical Services Practitioner in the State of Rhode Island. The Rhode Island Center for Emergency Medical Services requires that the following form be completed by the jurisdiction in which I obtained my original training and/or license and all other states of licensure. This constitutes your authority to release all information in your files, favorable or otherwise, directly to the Rhode Island Division of Emergency Medical Services at the above address.

Print/Type Full Name	Signature	Date
Previous Names Used	Social Security Number	Date of Birth
Address	City	State Zipcode
Contact Phone Number and Email address	License Number	Date Issued

THIS SECTION TO BE COMPLETED BY THE EMS LICENSING AGENCY

EMT Program Completed:	Location:	Graduation Date:
License Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed	Original Date Issued:	Expiration Date:

Questions:

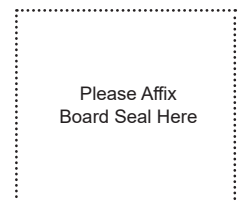
- Has this licensee ever been investigated by your office? Yes No
- Has this licensee incurred any disciplinary proceedings in your state, or is any action pending? Yes No
- Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation? Yes No
- Do you know of any information that may discredit this person? Yes No

If you answer "Yes" to questions 1-4, please provide a written explanation below, and attach a copy of all supporting documentation (e.g., Agency order, complaint, etc.).

Location of Course (Include printout of initial EMT course): _____ Date that Certificate was issued: _____

Certification:

Signature	Date
Type or Print Name	Title
Full Name of Licensing Agency	



Please Affix Board Seal Here



Rhode Island Department of Health Military Expedition Form

Please attach this form to the *front* of your completed application and mail to the address shown on the application cover.

Pursuant to Rhode Island General Laws § [5-88-1](#) et seq., upon application, this state may recognize occupational licenses, certificates or permits obtained from other states for military members and their spouses who relocate to this state pursuant to military orders. The Rhode Island Department of Health (RIDOH) will expedite your or your spouse's health professional license application provided the following conditions are met.

I. PROFESSION/LICENSE TYPE

Please indicate the profession and/or license type you are applying for so that your application can be routed to the correct office:

Profession/License Type: _____

II. MILITARY STATUS

Please check ONE of the following criteria for expedition:

I am in active military duty or a reservist.

I am the spouse of someone in active military duty or the spouse of a reservist.

I am a military veteran with honorable discharge. *You do not need to complete the rest of this application – please skip to the signature line.*

III. PROOF OF MILITARY STATUS

Please attach a copy of proof of your military status such as one of the following: Leave Earning Statement (LES), Letter from Command, or Copy of Orders

IV. MILITARY CHANGE OF STATION ORDER

Permanent Change of Station Order

V. PROOF OF GOOD STANDING

Proof of good standing from the board in the other state in which the person has a license.

VI. Criminal Background Check (a "BCI") (*unless required in the initial license application*)

BCI completed from the RI Attorney General's Office.

VII. ATTESTATIONS:

Check all that apply:

No board in any other state has revoked the license for which I am applying as a result of negligence or intentional misconduct.

I have never surrendered an occupational license, certificate, or permit because of negligence or intentional misconduct.

I do not have a complaint, allegation, or investigation currently pending before a board in another state which relates to unprofessional conduct or an alleged crime.

I attest that the above responses and information are true and accurate to the best of my knowledge and that none of the information set forth above is false, erroneous, or defective in any important, as set forth in R.I. Gen. Laws § 11-18-1. I understand that this application is being made to the Rhode Island Department of Health, which shall rely upon my attestation and the information provided in this document.

Signature of Applicant

Date

On a case-by-case basis RIDOH may grant a temporary license should the military member or spouse need additional time to complete education, training, and/or experience for the licensure in Rhode Island. RIDOH will contact the applicant directly should that be needed.