



**Rhode Island Department of Health  
Division of Health Services Regulation  
Emergency Medical Services**

3 Capitol Hill , Room 103  
Providence, RI 02908-5097

*Application For*

***License as an  
Emergency Medical Technician***

Select the level of EMT Licensure you are applying for (check one):

EMT-Basic (EMT-B)     EMT-Cardiac (EMT-C)     EMT-Paramedic (EMT-P)

*Applicant - Print Name (First/MI/Last)*

FOR DEPARTMENT OF HEALTH USE ONLY

Approved     Denied    Date \_\_\_\_\_ By \_\_\_\_\_

EMT# \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Phone: (401) 222-2401**

**TTY/TDD: (800) 745-5555**

**Fax: (401) 222-3352**

# GENERAL INFORMATION

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1. Requirements for EMT licensure are established by the Rules and Regulations Relating to Emergency Medical Services (R23-4.1EMS), available through the Division of EMS website at <http://www.health.ri.gov>
2. EMT licensure can be denied pursuant to the provisions of the Rules and Regulations Relating to Emergency Medical Services (R23.4.1EMS). False/incorrect statements or documents may be considered sufficient cause to deny or revoke a license as an EMT in Rhode Island and may result in additional penalties as determined by law. The Department may conduct random application audits, requiring the EMT applicant to file proof of completion of the above training requirements for renewal.
3. Should you have any questions regarding the EMT license requirements or completion of the application form, contact the Division of Emergency Medical Services at (401) 222-2401.

➔ **PLEASE NOTE: This application form (dated 01/31/2011) supplants all previous versions. Prior versions of the application will not be accepted or processed.**

## APPLICATION INSTRUCTIONS

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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 use a **ball-point type pen** when completing these forms.
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:  
Rhode Island Department of Health  
Division of Emergency Medical Services  
Room 103, 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

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- 1. **ALL** applicants at any level must submit a FULL Bureau of Criminal Identification (BCI) report. Rhode Island residents may obtain this information from the RI Attorney General's Office, 150 South Main Street, Providence, RI 02903. Tel. (401) 421-5268. Out-of-state applicants should obtain their full BCI report from their state of residence. If an offense occurred in another state, a full BCI will also be required from the state in which the offense occurred.
- 2. Photostatic copy (front and back) of a **current - signed** Healthcare Provider level or equivalent cardiopulmonary resuscitation (CPR) card (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 sponsoring agency/school verifying completion of the EMT training program specific to the level of licensure application.

- 5. **EMT-Paramedic Applicants** - photostatic copy of current NREMT Registration

### Out of State Applicants

- 1. Documentation of EOA-PASG (MAST) training (Out of State applicants only)
- 2. Photostatic copy of EMT license from a state other than Rhode Island, if applicable.
- 3. Photostatic copy of current registration with the National Registry of Emergency Medical Technicians if applying for EMT-Basic By Endorsement.
- 4. Interstate Verification Form completed by each state (other than Rhode Island) in which the applicant has been licensed and/or trained as an EMT (if applicable).
- 5. Out-of-state applicants should obtain their full BCI report **from their state of residence.**

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



# State of Rhode Island Division of Emergency Medical Services

## Application for License as an Emergency Medical Technician

Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens.

### 1. Name(s)

This is the name that will be printed on your license and reported to those who inquire about your license. Do not use nicknames, etc.

Title (i.e., Mr., Mrs., Ms., etc.)

First Name

Middle Name

Surname, (Last Name)

Suffix (i.e., Jr., Sr., II, III)

Maiden, if applicable

Name(s) under which originally licensed in another state, if different from above (First, Middle, Last).

### 2. Social Security Number

U.S. Social Security Number

### Mandatory Information

### 3. Gender

 Male Female

### 4. Date and Place of Birth

Month

Day

Year

City and State; OR Province and Country, etc., if NOT U.S.

### 5. Home Address

It is your responsibility to notify the EMS Office of all address changes.

1st Line Address (Apartment/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City

Country, if NOT U.S.

Home Phone

State

Zip Code

Zip Code

Postal Code, if NOT U.S.

Home Fax

Email Address (Format for email address is Username@domain e.g. applicant@isp.com)

### 6. Rhode Island License

Please provide information concerning your previous licensure in the State of Rhode Island, if applicable.

Have you **ever** been licensed as an EMT in Rhode Island?

 Yes  No

If the answer to this question is "yes", provide license number, and if applicable, enter all other state abbreviation(s) of EMT licenses you hold or may have held in Question 7.

Rhode Island License Number

License Number







**17. Affidavit of Applicant**

Complete this section and sign.

I, \_\_\_\_\_, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as a Emergency Medical Technician in the State of Rhode Island.

I understand that my records are protected under the Federal and State Regulations governing Mental Health Patient Records and cannot be disclosed without my written consent unless otherwise provided in the law. I understand that my records are protected under the Federal and State Laws and Regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided in the regulations.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Division of Emergency Medical Services of any change in the answers to these questions after this application and this affidavit is signed.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Signature (MM/DD/YY)



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

# Rhode Island Division of Emergency Medical Services

Room 103, 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 Technician in the State of Rhode Island. The Rhode Island Division of 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:
Licensed by Examination? <input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant has completed and passed both Written & Practical Exam: <input type="checkbox"/> Yes <input type="checkbox"/> No	
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.).

- Does this certification include use of: 1. Anti-shock Trousers (MAST)?  Yes  No 2. Esophageal Obturator Airway?  Yes  No
  - Has this applicant completed course final exam or state practical exam to include the following practical skills: Airway Management, Traction Splint, Kendrick Extrication Device (KED) or Short Board, Long Spine Board, MAST, Patient Assessment?  Yes  No
- Certification issued based on:  Completion of a course in compliance with the U.S. Department of Transportation EMT National Standard Curriculum  
 Reciprocity from the State of \_\_\_\_\_  
 Reciprocity from the National Registry of Emergency Medical Technicians

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

### Certification:

Signature	Date	Please Affix Board Seal Here
Type or Print Name	Title	

Full Name of Licensing Agency