

IDAHO EMS LICENSE VERIFICATION REQUEST

Have you ever applied for or held an EMS certificate or license in any other state?

Have you ever been denied or had revoked an EMS certificate or license in any other state?

Yes – complete this form for each state in which you have ever applied for, held or been denied an EMS certificate/license.

No – completion of this form is not required

Authorization to release information to the IDAHO EMS BUREAU (Please Print)

Name: _____ Also Known As: _____
Last First M.I. Alias, Maiden, or Nicknames

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

Mailing Address: _____ Phone # _____
Street City State Zip

I hereby authorize the state of _____ EMS licensing agency to furnish the information requested to the state of Idaho.
(State of License)

Certificate/License Number _____ EMS License Level _____

Signature of Applicant _____ Date signed _____

THIS PORTION MUST BE COMPLETED BY THE STATE EMS LICENSING AUTHORITY

1. Status

License/Certificate # _____ Expiration Date _____ Status _____

2. License Scope of Practice

Dot-National Standard

- First Responder 1994
 EMT-basic 1995
 Intermediate-85
 EMT-Paramedic 1998

OR

National Scope of Practice 2011

- Emergency Medical Responder (EMR) 2011
 Emergency Medical Technician (EMT) 2011
 Advanced EMT (AEMT) 2011 or I-99
 Paramedic 2011

3. Has your state taken any disciplinary action against this person resulting in a suspension, probation, revocation or denial for EMS certification or licensure?

NO
 YES If Yes, please describe (Use Attachment if needed) _____

4. Is this individual currently under investigation by your agency?

NO
 YES If Yes, upon completion of investigation, please notify the Idaho EMSP Bureau of the outcome and any disciplinary action.

I hereby certify that the above information is true and correct recorded by this office.

Signature _____ Name (print) _____ Date _____

Title _____ Phone _____

State Agency Name _____



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Return completed form to the Idaho Bureau of EMS & Preparedness:

Email: EMSPROVLIC@dhw.idaho.gov

Mail: 2224 E. Old Penitentiary Rd, Boise, ID 83712

Fax: 208-334-4015