

**(APPLICATIONS WILL NOT BE ACCEPTED WITHOUT FEES)**

APPLICATION FOR  
**EMERGENCY MEDICAL SERVICES CERTIFICATION**  
UTAH DEPARTMENT OF HEALTH  
DIVISION OF HEALTH SYSTEMS IMPROVEMENT  
BUREAU OF EMERGENCY MEDICAL SERVICES AND PREPAREDNESS  
P.O. Box 142004, Salt Lake City, UT 84114-2004  
Phone: 801-273-6666 Fax: 801-273-4149

**PLEASE TYPE OR PRINT ALL ENTRIES**

|  |                        |                        |
|--|------------------------|------------------------|
| Name (Last, First Middle) <b><u>(PLEASE USE FULL LEGAL NAME)</u></b> |                        |                        |
| Other Names Used   | Maiden Name            |                        |
| Mailing Address  |                        |                        |
| City   | County                 | State Zip Code         |
| Social Security No.  | Birth Date (Mo/Day/Yr) | Driver's Lic # & State |
| Home Phone   | Height                 | Sex<br>M [ ] F [ ]     |
| Business Phone   | Weight                 | Eye Color              |
| Cell Phone   | E-mail address         |                        |

|  |   |                                    |
|--|---|------------------------------------|
| Application for:                         | LEVEL                                     |                                    |
| <input type="checkbox"/> Certification   | <input type="checkbox"/> EMD              | <input type="checkbox"/> EMT-IA    |
| <input type="checkbox"/> Recertification | <input type="checkbox"/> EMR              | <input type="checkbox"/> Paramedic |
| <input type="checkbox"/> Reciprocity     | <input type="checkbox"/> EMT-Basic        |                                    |
| <input type="checkbox"/> Lapsed          | <input type="checkbox"/> EMT-Intermediate |                                    |
| <input type="checkbox"/> Audit*          |   |                                    |

\*certification course attendees that do not intend to become Utah certified must still complete an application and submit a \$30.00 fee per policy for state approved courses.

|  |
|--|
| Please list all the states where you have resided in the past five years |
|  |

|  |     |    |
|--|-----|----|
| Have you ever been convicted of a felony?      | Yes | No |
| Have you ever been convicted of a misdemeanor? | Yes | No |
| Do you have a juvenile record?                 | Yes | No |
| Are there any charges pending against you?     | Yes | No |

**If you answered "Yes" to any of the above, please detail on reverse side**

| Please list medical certifications | Expiration Dates |
|------------------------------------|------------------|
|                                    |                  |
|                                    |                  |
|                                    |                  |

|  |           |
|--|-----------|
| State  | State No. |
| Name of Primary Emergency Medical Services Affiliation   |           |
| Name of Secondary Emergency Medical Services Affiliation |           |

|  |                              |
|--|------------------------------|
| Are you a citizen of the United States?  | <input type="checkbox"/> Yes |
| (if "Yes" include a photocopy of identification: drivers license, other state ID, passport, etc) | <input type="checkbox"/> No  |
| Are you a permanent resident alien or hold a valid visa?   | <input type="checkbox"/> Yes |
| (if "Yes" include a photocopy of passport or visa with alien identification number.)             | <input type="checkbox"/> No  |

**APPLICANT AFFIRMATION**

I accept responsibility for having read all information on this form. I authorize investigation of all statements contained herein, and understand that misrepresentation or omission of facts called for is cause for cancellation of the application or revocation of certification. I understand that I am not considered certified as a Utah EMS provider until such time as I have successfully completed ALL certification or recertification requirements AND have in my possession a current EMS certification identification card. I also understand that I am solely responsible to ensure my certification/recertification requirements are completed. I further understand that if I function as an EMS provider without a current EMS certification card, I am in violation of the Utah EMS Systems Act and I may be subject to criminal, civil, or other disciplinary action.

|           |      |
|-----------|------|
| Signature | Date |
|-----------|------|

7/1/09 TWO SIGNATURES ARE REQUIRED (see reverse)

