

(APPLICATIONS WILL NOT BE ACCEPTED WITHOUT FEES)

APPLICATION FOR
EMERGENCY MEDICAL SERVICES CERTIFICATION
 UTAH DEPARTMENT OF HEALTH
 DIVISION OF FAMILY HEALTH AND PREPAREDNESS
 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) (PLEASE USE FULL LEGAL NAME)		
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 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-I
<input type="checkbox"/> Recertification	<input type="checkbox"/> EMR	<input type="checkbox"/> EMT-IA
<input type="checkbox"/> Reciprocity	<input type="checkbox"/> EMT	<input type="checkbox"/> Paramedic
<input type="checkbox"/> Lapsed	<input type="checkbox"/> AEMT	
<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

Please list medical certifications	Expiration Dates

Have you plead guilty to or been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you plead guilty to or been convicted of a misdemeanor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a juvenile record?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any charges pending against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

APPLICANT AFFIRMATION	
<p>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.</p>	
Signature	Date

AUTHORIZATION FOR RELEASE OF INFORMATION (revised 07/01/2011)

I, _____, have applied for emergency medical services certification/recertification with the Utah Department of Health. It is my understanding that a comprehensive investigation of my background may be conducted in connection with my application. I understand that any history which adversely reflects on my qualifications for certification may be cause for disqualification from further consideration for certification with the Utah Department of Health.

I hereby give the Utah Department of Health and its agents the authority to conduct a comprehensive investigation of my background that may be relevant for certification purposes, including pleas in abeyance, diversion agreements and pending criminal charges, as delineated in the Emergency Medical Services System Act, Utah Code, Title 26, Chapter 8, and in the Emergency Medical Services Training and Certification Standards, R426-12. I also authorize a review and full disclosure of all pertinent records maintained by past and present employers, law enforcement agencies, educational institutions, medical institutions, local, state and federal agencies. Any inquiry into records concerning medical and mental health treatment must be relevant to my EMS certification.

To the custodian of the records discussed herein, I hereby authorize you to release information to the bearer of this Authorization for Release of Information. I consider a copy of the Authorization for Release of Information to be as valid as the original even though the copy does not have my original signature.

I hereby release the Utah Department of Health and the Utah State Department of Public Safety and their agents and anyone who gives written information about me to the Utah Department of Health from any claims of liability or damages which may occur as a result of the background investigation except where false information is given with malicious intent.

This Release of Information will be in effect until my next EMS certification expiration date. I understand that I may revoke this authorization at any time, by sending written notice to the EMS Office and by relinquishing my EMS certification. I understand that I may refuse to sign this Authorization. I also understand that the Bureau of Emergency Medical Services may refuse to certify me if I do not sign this Authorization. I understand that once information is disclosed pursuant to this Authorization, it is possible that it will no longer be protected by the federal medical privacy law and could be redisclosed by the person or agency that receives it.

STATEMENT OF UNDERSTANDING

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. **I ALSO UNDERSTAND THAT I MUST CONTACT THE BUREAU WITHIN 7 DAYS IF I AM ARRESTED, CHARGED OR CITED, OR CONVICTED OF ANY CRIMES THAT WERE NOT LISTED ON THIS APPLICATION.**

Applicant's Signature

Date

NOTARIZATION

STATE OF _____
COUNTY OF _____

On this _____ day of _____, 20____, _____ signed the above release of liability in my presence.

Signature of NOTARY PUBLIC

Residing At: _____

My Commission Expires: _____

Please detail any convictions or certificate/license actions:

Charge	Court Determination	Court of Record	Date of action
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