



Provider License Application for Reciprocity

State of Idaho Emergency Medical Services Bureau

Send completed form to Idaho EMS Bureau, PO Box 83720, Boise, ID 83720-0036 or Fax to 208-334-4015



Level Applied For: [ ] First Responder [ ] EMT-Basic [ ] Advanced EMT - (\$35 fee) [ ] Paramedic - (\$35 fee) [ ] Direct Bill my Agency - Agency Name \_\_\_\_\_

Additional documents needed: [ ] Copy of ID [ ] Documentation of completed NREMT assessment examination [ ] Evidence of successful CHU clearance [ ] Return of License Verification from state/(s) of previous certificate/license [ ] Applicant Signature [ ] Affiliating Agency Official Signature

Applicant Information:

Social Security # - - Date of Birth / / Drivers License # DL State Name Last Name First Name Middle Name/Initial Gender [ ] F [ ] M Mailing Address City State Zip County Home Phone # Work Phone # Cell Phone # E-Mail Address Circle the highest level of education: GED High School Diploma College: 1 2 3 4 5 6 7 8

Affiliation:

Agency Name Agency License # Agency Chief/Director/President Signature Printed Name Additional Licensed EMS Affiliations: Check all circumstances in which you will use this certification: Volunteer Career [ ] True [ ] Full Time [ ] Compensated [ ] Part Time

Have you ever applied for, been denied or received an EMS certification or licensure in any other state? Yes [ ] No [ ]

If yes, complete an Idaho EMS License Verification Request form for each state you applied for or ever held an EMS certification / licensure.

Applicant Signature:

I hereby affirm the information herein is true and correct, and that I meet all requirements for EMS licensure as established by the State of Idaho.

Signature of Applicant

Date signed

For Bureau Use Only

Received in Bureau

Received by Licensure Program

Cert. Fee Rcvd Date [ ] Cash - Receipt # [ ] Check # [ ] M.O. # [ ] DB - Agency

Copy of ID-Drivers License, Idaho Identification card,  
or Military Identification

NREMT completion documentation-Log into your  
National Registry account and print your records of  
successful completion of exams.

Criminal History Unit-Accessible on line at  
[www.chu.dhw.idaho.gov](http://www.chu.dhw.idaho.gov).

Idaho EMS Bureau Employer ID #1350

Create new registration and complete application using  
Idaho EMS Bureau ID# and schedule fingerprinting  
appointment. Criminal History check must be cleared  
before the Idaho EMS Bureau can issue a state license,  
which must be obtained to practice as an EMT in the  
State of Idaho.

# IDAHO EMS LICENSURE VERIFICATION REQUEST

Have you ever applied for, been denied, received, or had revoked an EMS certificate/license in any other state?

- Yes – complete this form for each state you applied for or have ever held an EMS certificate/license.  
 No – completion of this form is not required

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## 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: \_\_\_\_\_  
Street City State Zip

I hereby authorize the state of \_\_\_\_\_ EMS licensing agency to furnish the information requested.

\_\_\_\_\_  
Certificate/License Number EMS Level

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

\_\_\_\_\_  
Date signed

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## THIS PORTION MUST BE COMPLETED BY THE STATE EMS LICENSING AUTHORITY

### 1. STATUS OF CERTIFICATION/LICENSURE

EMS LEVEL: \_\_\_\_\_

CERTIFICATION / LICENSE #: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

### 2. HAS YOUR STATE TAKEN ANY DISCIPLINARY ACTION AGAINST THIS PERSON RESULTING IN A SUSPENSION, PROBATION, REVOCATION OR DENIAL FOR EMS CERTIFICATION OR LICENSURE?

YES  NO

IF YES, PLEASE DESCRIBE (Use Attachment if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 3. IS THIS INDIVIDUAL CURRENTLY UNDER INVESTIGATION BY YOUR AGENCY?

YES  NO

IF YES, UPON COMPLETION OF INVESTIGATION, PLEASE NOTIFY THE IDAHO EMS 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)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Date

Please fax to 208-334-4015 or mail to:  
Idaho EMS Bureau  
PO Box 83720  
Boise, ID 83720-0036  
Attn: Provider Licensing

\_\_\_\_\_  
State Board or Seal

