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Consent to Shorten License Cycle Time Acknowledgement

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

Applicant Information:

Social Security # _____ - _____ - _____ Date of Birth ____ / ____ / ____ Drivers License # _____ DL State _____

Name _____ Gender ☐ F ☐ M

Last Name First Name Middle Name/Initial

Mailing Address _____

City_____ State_____ Zip_____ County_____

Home Phone # _____ Work Phone # _____ Cell Phone #_____

E-Mail Address _____

I request to shorten the license cycle time on license #_____ to realign my Idaho EMS license expiration date.

By shortening my license period, I acknowledge that the same license renewal requirements are in place had I not chosen to shorten my time frame. All continuing education hours for license renewal upon expiration of the shortened licensure cycle must be completed between the effective and expiration dates on the newly issued EMS license, and submitted prior to the expiration date.

I agree to return any and all other Idaho EMS licenses I hold prior to receiving my new EMS license with the effective shortened licensure renewal cycle.

Date_____

Signature_____

Approved by Affiliating EMS Agency

Agency Name_____

Date _____

Name of Approving Officer _____

Title of Approving Officer_____

Signature_____

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