



# Initial Personnel License Application



## 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 Applying For:**  Emergency Medical Responder  EMT  Advanced EMT (\$35 fee)  Paramedic (\$35 fee)  
**Fee (if required):**  \$35 enclosed (exact cash, check, or money order only) **OR**  Direct Bill - Agency Name \_\_\_\_\_  
**Signatures:**  Affiliating Agency Official  Applicant **Required attachment:**  Copy of ID (Drivers License, Idaho Identification card, or Military Identification ID card)

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

### Affiliation:

Qualifying Agency of Affiliation \_\_\_\_\_ Agency License # \_\_\_\_\_

Agency Authorized Signature \_\_\_\_\_  
Signature Printed Name

Career status for qualifying agency: Volunteer  True  Compensated Career  Full Time  Part Time

List all agency or hospital affiliations or associations (Use additional form if necessary.)

Agency/Hospital \_\_\_\_\_ Volunteer  True  Compensated Career  Full Time  Part Time  
Agency/Hospital \_\_\_\_\_ Volunteer  True  Compensated Career  Full Time  Part Time  
Agency/Hospital \_\_\_\_\_ Volunteer  True  Compensated Career  Full Time  Part Time

**I am also an Idaho licensed/certified health care provider as a(n)** (circle all that apply): MD / DO / PA / RN / RT / other (please specify) \_\_\_\_\_

**Have you ever applied for or held an EMS certificate or license in any other state?** Yes  No

**Have you ever been denied or had revoked an EMS certificate or license in any other state?** Yes  No

If you answered yes to either question, complete an *Idaho EMS License Verification Request* form for each state in which you have ever applied for, been denied, had revoked or held an EMS certificate / license. (This form is available at [www.idahoems.org](http://www.idahoems.org) under Provider Licensure Forms)

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 by Bureau

Cert. Fee Rcvd Date \_\_\_\_\_

Cash - Receipt # \_\_\_\_\_

Check # \_\_\_\_\_

M.O. # \_\_\_\_\_

DB - Agency \_\_\_\_\_

**Required Criminal History Check**-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 EMS in the State of Idaho.