

Idaho Bureau of Emergency Medical Services & Preparedness

Initial EMS Provider License Application



Submit completed application to the Bureau of EMS:

Email EMSPROVLIC@dhw.idaho.gov

Mail 2224 E. Old Penitentiary Rd, Boise, ID 83712

Fax 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)

Name _____
Last Name First Name Middle Name/Initial

Social Security # _____ **Date of Birth** _____ **Driver's License #** _____ **State** _____

Mailing Address _____
Street City State Zip County

E-Mail Address _____ **Gender** M F

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

Primary Form of Contact: Home Phone Work Phone Cell Phone Email Mail

Affiliation:
Qualifying Agency of Affiliation _____ **Agency License #** _____
Authorized Representative _____
(Print Name)
Signature _____ **Date** _____
Career status for qualifying agency (Choose One): Volunteer { Uncompensated Compensated } or 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 under Provider Licensure Forms)

By signing I certify that the information I have provided within this application, including any attached supplemental information, is true, complete, and correct. I understand that all information is subject to audit and that violation of IDAPA 16.01.07 "Emergency Medical Services – (EMS) Personnel Licensing Requirements" or 16.01.12 "Emergency Medical Services (EMS) – Complaints, Investigations, and Disciplinary Actions" may result in denial, refusal to renew, suspension, or revocation of my EMS license.

Applicant Signature _____ **Date** _____

For Bureau Use Only

Received in Bureau

Fee Received Date _____ **BARS Receipt #** _____
 Cash– Receipt # _____
 Check # _____
 M.O. # _____
 DB- Agency _____

Required: Criminal History Check

Accessible on-line at <https://chu.dhw.idaho.gov>.

- Create new registration.
- Complete application using Idaho EMS Bureau Employer ID# 1350
- 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.

Required: Copy of your Photo ID must accompany your application

- Acceptable forms of ID are: driver's license, state identification card, or military identification card.

Required: National Registry for EMTs (NREMT) Certification or Assessment Exam

The State of Idaho requires applicants for initial licensure or reciprocity to pass the National Registry of EMT's (NREMT) computer-based assessment or certification examination for your license level within the allowable time frame. The time frame for EMR & EMT is 36 months from the date of licensure, and 24 months from the date of licensure for Advanced EMT and Paramedics.

(An exam application will not be approved until the Initial EMS Provider Licensure application and Idaho EMS License Verification Request forms are received by the Idaho EMS Bureau.)

Required: Affiliation with a licensed Idaho EMS agency

Affiliation is required for licensure but not for exam authorization. The *Idaho EMS Reciprocity* application may be submitted without an affiliation signature to receive NREMT assessment exam authorization and then updated with the affiliation signature at a later date for licensure.

*(If you do not have affiliation, please fill out the **Idaho Certificate of Eligibility** application instead.)*

Required: License Verification Request Form

This is required from any/all states where you have held or applied for an EMS license. Not required if you have never held or applied for an EMS certificate or license in another state.

(This form is available under the Reciprocity section on the Provider Licensure page of IdahoEMS.org. Send a copy of this form to each state where you have held or applied for an EMS license. They will complete the form and return it to the Idaho EMS Bureau.)