

Request for License Reversion Acknowledgement

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



Name _____ Gender F M
Last Name First Name Middle Name/Initial

Idaho EMS License # _____ or Social Security # _____

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

E-Mail Address _____

Mailing Address _____
City State Zip County

Request:

I request a reversion of my license # _____, from _____ (level) to _____ (level).

By signing this license reversion request, I acknowledge:

- My relinquished license level may not be available to reinstate
- The expiration date of my new reverted license will be the same as my current license
- I will be required to meet all current requirements if I choose to renew my new, lower level license. This includes, but is not limited to:
 - all transition requirements
 - all continuing education hours must be completed between the effective and expiration date of the original license

I agree to return any and all other Idaho EMS licenses I hold prior to receiving my new EMS license.

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 _____ Date _____