

IDAHO EMS LICENSE VERIFICATION REQUEST

Have you ever applied for or held an EMS certificate or license in any other state?

Have you ever been denied or had revoked an EMS certificate or license in any other state?

Yes – complete this form for each state in which you have ever applied for, held or been denied an EMS certificate/license.

No – completion of this form is not required

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: _____ Phone # _____
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

THIS PORTION MUST BE COMPLETED BY THE STATE EMS LICENSING AUTHORITY

2. LEVEL

1. STATUS OF CERTIFICATION/LICENSURE

CERTIFICATION / LICENSE #: _____

EXPIRATION DATE: _____

STATUS: _____

DOT-NATIONAL STANDARD CURRICULA

FIRST RESPONDER 1994

EMT-BASIC 1995

INTERMEDIATE I-85 OR I-99

EMT-PARAMEDIC 1998

NATIONAL SOP MODEL

Emergency Medical Responder (EMR)

Emergency Medical Technician (EMT)

Advanced EMT (AEMT)

Paramedic

3. 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)

4. 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)

Date

Title

Agency Name

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

