

# 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 to the state of Idaho.  
(State of License)

Certificate/License Number \_\_\_\_\_ EMS License Level \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date signed \_\_\_\_\_

## THIS PORTION MUST BE COMPLETED BY THE STATE EMS LICENSING AUTHORITY

### 1. Status

License/Certificate # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Status \_\_\_\_\_

### 2. License Scope of Practice

#### Dot-National Standard

- First Responder 1994  
 EMT-basic 1995  
 Intermediate-85  
 EMT-Paramedic 1998

OR

#### National Scope of Practice 2011

- Emergency Medical Responder (EMR) 2011  
 Emergency Medical Technician (EMT) 2011  
 Advanced EMT (AEMT) 2011 or  I-99  
 Paramedic 2011

### 3. Has your state taken any disciplinary action against this person resulting in a suspension, probation, revocation or denial for EMS certification or licensure?

- NO  
 YES If Yes, please describe (Use Attachment if needed) \_\_\_\_\_

### 4. Is this individual currently under investigation by your agency?

- NO  
 YES If Yes, upon completion of investigation, please notify the Idaho EMSP 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

\_\_\_\_\_  
Phone

\_\_\_\_\_  
State Agency Name



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

Return completed form to the Idaho Bureau of EMS & Preparedness:

Email: [EMSPROVLIC@dhw.idaho.gov](mailto:EMSPROVLIC@dhw.idaho.gov)

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

Fax: 208-334-4015