

Idaho Bureau of Emergency Medical Services & Preparedness

Emergency Medical Technician (EMT) License Reinstatement Application

Submit completed application to the Bureau of EMS:



Application Requirements Checklist:

- Applicant Signature Affiliating Agency Authorized Signature Continuing Education Record Skills Proficiency Signature
 DHW Criminal History Unit Background Check NREMT Assessment Exam after license lapsed Photo ID

Provider:

Name _____
Last Name _____ First Name _____ Middle Name/Initial _____

Idaho EMS License # _____ or Social Security # _____ Gender M F

Mailing Address _____
Street _____ City _____ State _____ Zip _____ County _____

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

E-Mail Address _____

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 with Agency (Choose One): Uncompensated Volunteer Compensated Volunteer Career Full Time Career 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

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Applicant Name: _____

Emergency Medical Technician (EMT) License Reinstatement Education Record

Documentation of Continuing Education for Lapsed License Reinstatement. A candidate for reinstatement of a lapsed license must provide documentation of continuing education consistent with the license holder's lapsed license. Continuing education requirements are provided in Sections 300 through 325 of these rules.

An EMT must complete a minimum of **48** total continuing education hours (CE hours) for the last valid licensure cycle; and

Additional continuing education hours in any combination of categories and venues, proportionate to the amount of time since the expiration date of the lapsed license for EMT -- One and one-half (1 ½) hours of continuing education per month of lapsed time

Venue Requirements for CE hours

Check off the venues that apply to the documented CE hours.
- Continuing Education must include at least 2 Venues

ADDITIONAL CONTINUING EDUCATION HOURS

1.5 hours X _____ month(s) of lapsed time = _____ hours

Category Requirements for CE hours

CE Categories	Hours		
	Min	Max	Actual
Airway, Respiration, and Ventilation	1	14	
Cardiovascular	1	14	
Trauma	1	14	
Medical	1	14	
Operations: Requires Landing Zone & Extrication Awareness	1	14	
Pediatrics	4	14	
Total Hours (48)			

Venues	Check
Structured classroom sessions	
Refresher programs that revisit original curriculum and have an evaluation component	
Nationally recognized courses	
Regional and national conferences	
Teaching CE topics from any of the CE Categories	
Agency Medical Director approved self-study or directed study	
Case reviews and grand rounds	
Distributed Education: distance learning, online resources, and audio/visual resources	
Journal article review with an evaluation instrument	
Author or co-author an EMS related article in a nationally recognized EMS publication	
Simulation Training	
Evaluator at a State or National Psychomotor Exam.	
Total Venues (2)	

Agency Medical Director Skills Proficiency Verification

As the Medical Director for the qualifying EMS Agency, I attest that this license renewal candidate has demonstrated competency in the knowledge, skills and judgment necessary to provide safe and effective patient care within the Scope of Practice of an Emergency Medical Technician, as authorized in IDAPA 16.02.02 "Rules of the Idaho Emergency Medical Services (EMS) Physician Commission".

o Is the scope of practice for this license renewal candidate **restricted** as a result of failure to meet or maintain proficiencies? **Yes or No**

Medical Director or Agency MD Designee

Signature

Date

NREMT Assessment Exam

- NREMT written assessment exam or recertification exam must be completed after the date your license expired.
- To be approved for the assessment exam for the purpose of licensure in the state of Idaho, we require that an application for licensure has been received by the Bureau and verification of any other current state licensure and any adverse actions taken by another state not previously disclosed. Upon submission of this application, you can apply for the level specific assessment exam through the NREMT under National EMS Certification Examinations; [Apply for Assessment Examination](#). You can access their website at: [NREMT.org](#).

DHW Criminal History Unit Background Check

- Submit to and pass a Criminal History Check by the Department of Health and Welfare.
- You can access their website at: <https://chu.dhw.idaho.gov>.
- Use **Employer ID# 1350** Bureau of EMS and Service Code 310 *EMS Certification Applicants* or 311 *EMS Certification Applicant Volunteers*

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