

# Idaho Bureau of Emergency Medical Services & Preparedness



## 2011 Scope of Practice License Transition Application

Submit completed application to the Bureau of EMS:

Email EMSPROVLIC@dhw.idaho.gov

Mail 2224 Old Penitentiary Rd, Boise, ID 83712

Fax 208-334-4015



### 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

Level Applying For:  Emergency Medical Responder (EMR) 2011  Emergency Medical Technician (EMT) 2011

Advanced 85/EMT 2011

Advanced (AEMT) 2011

Paramedic 2011

- Must complete an Idaho Bureau of EMS & Preparedness approved level specific transition course with both a didactic and transition skills check verified by the course physician to prove competency.
- *CentreLearn & FISDAP* Online lessons only cover the didactic portion of transition.
- Course completion is recognized when the course coordinator has submitted the Course Completion Record to the Bureau, indicating date of completion.
- **EMR 2011:** EMT transition courses do not cover all required materials for EMR and cannot be used for transition to EMR 2011.
- **AEMT 85/EMT 2011** (Optional Updated SOP): Requires current Advanced/AEMT 85 Idaho license and **EMT** level transition course
- **AEMT 2011:** Pass both the written and practical Idaho-approved **Advanced** level examinations

AEMT Written Exam Date \_\_\_\_\_

AEMT Practical Exam Date \_\_\_\_\_

Transition Course #: \_\_\_\_\_

Completion Date \_\_\_\_\_

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 \_\_\_\_\_

Received in Bureau