



Emergency Medical Responder (EMR) License Renewal Application

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

Completion checklist: Application Completed continuing education record Applicant Signature Affiliating Agency Official Signature

Supporting Documentation: LZO Course Completion Documentation Refresher Course Completion Documentation CPR Proficiency

Applicant Information:

Social Security # _____ - - Date of Birth ____ / ____ / ____ Drivers License # _____ DL State _____

Name _____ Gender F M

Last Name First Name Middle Name/Initial

Mailing Address _____

City _____ State _____ Zip _____ County _____

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

E-Mail Address _____ Circle the highest level of education: GED High School Diploma College: 1 2 3 4 5 6 7 8

Affiliation:

Agency Name _____ Agency License # _____

Agency Chief/Director/President _____

Signature

Printed Name

Additional Licensed EMS Affiliations: _____

Check all circumstances in which you will use this certification: Volunteer True Compensated Career Full Time Part Time

Applicant 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 of Applicant

Date signed

For Bureau Use Only

Received in Bureau

Received by Licensure Program

**EMERGENCY MEDICAL RESPONDER (EMR)
License Renewal Education Record**

Applicant Name: _____

All license renewal requirements must be completed between the effective date and the expiration date of the current license.

A. First Responder/EMR Refresher Course Options (Complete one of three) – Attach proof of completion

- 1) An EMS Bureau approved EMR Refresher Course **and** six hours of continuing education
EMR Refresher Course Approval Number _____ Completion Date _____ Instructor _____
- 2) An EMS Bureau approved EMT Refresher Course
EMT-Basic Refresher Course Approval Number _____ Completion Date _____ Instructor _____
- 3) Successful completion of NREMT First Responder/EMR cognitive exam **and** complete six hours of continuing education

B. Additional Continuing Education (must complete prior to September 30, 2010)

- Landing Zone Officer (LZO) training

C. Required Continuing Education

Course Topic	Instructor	Date	Hours	Course Topic	Instructor	Date	Hours
CPR Proficiency One and Two Rescuer Adult/Child/Infant				Landing Zone Officer			
Total				Total			