



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Idaho EMS Bureau

Consent to Shorten Certification Cycle Time Acknowledgement Form
EMS Provider Request

I, _____ do request and consent to shortening my allowable EMS recertification cycle time to realign my Idaho EMS recertification date.

However, by shortening my certification period, I acknowledge that the same recertification requirements are in place, had I not chosen to shorten my time frame. When presenting documents for recertification after this shortened cycle, all continuing education hours must be complete prior to the expiration date on the issued EMS certification card.

Date _____

Signature _____

Approved by Affiliating EMS Agency

Agency Name _____

Date _____

Name of Approving Officer _____

Title of Approving Officer _____

Signature _____

Approved By Regional Consultant EMS Region # _____

Date _____

Signature _____



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Idaho EMS Bureau

Consent to Shorten Certification Cycle Time Acknowledgement Form
Agency Request

I, _____ do consent to shortening my allowable EMS recertification cycle time, as requested by my licensed EMS Agency, to align agency recertification dates.

However, by shortening my certification period, I acknowledge that the same recertification requirements are in place, had I not chosen to shorten my time frame. When presenting documents for recertification after this shortened cycle, all continuing education hours must be complete prior to the expiration date on the issued EMS certification card.

Date _____

Signature _____

Approved By Regional Consultant EMS Region # _____

Date _____

Signature _____