

# Idaho Bureau of Emergency Medical Services & Preparedness Provider License Verification Request

Complete this form for each state in which you have ever applied for, held or been denied an EMS certificate/license.  
Authorization to release information to the IDAHO BUREAU of EMS & Preparedness (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