ALABAMA DEPARTMENT OF P OFFICE OF EMS RSA Tower, 201 Monroe Street, So Mail to: P.O. Box 303017 Montgomery, A EMSP Individual Licensure Ap Please Print or Type All Infor	AL 36130-3017
Social Security Number: ⁻ ⁻ To	day's Date://
Alabama Emergency Medical Service Personnel (EMSP) License	e # (renewing / reclassifying only):
National Registry #: National Reg	istry Exp. Date://
Name (Last, First, MI):	
Home Address (No PO Box):	
Mailing Address (If Different):	
County: Birthdate:/	
Home Telephone: () Work Telephone:() _	
E-mail Address:	
Race: Native American Asian Black Hispanic	/hite 🗆 Other 🗆
Education (Select highest completed): GED 9 10 11 1	12 13 14 15 16 17 18
Driver's License: State Lic. Number	Exp. Date://
License Level (for which you are applying):	MT Intermediate
(To be eligible for a license, the applicant must have current Alabar	na Protocols and current National Registry)
License Classification (Mark the classification for which you are First issue- 2-Year License (\$10 Fee Required)	1 -Year License (\$5 Fee Required)

First issue-	2-Year License (\$10 Fee Required)	□ 1 -Year License (\$5 Fee Required)	
Renewal-	2-Year License (\$10 Fee Required)	\Box 1 -Year License (\$5 Fee Required)	
Reinstatement-	2-Year License (\$10 Fee Required)	\Box 1 -Year License (\$5 Fee Required)	
Reclassification-	 Changing a level before current license expires (No Fee Required) (Proof of National Registry is required for all license classifications) 		

□ If renewing and your application is postmarked after March 31 a \$60.00 fee (\$50 late fee + \$10 license fee) is required. *If renewing and, your application is postmarked after April 30, eligibility requirements apply. Contact the OEMS for details.*

		no hats, no sunglasses).	
Attach Photo	4. Place name and "EMSP license	e number" or SSN on the back of photos (: Below Line is OEMS office u	. ,
Here	Deposit # :	 Check □ M/O□ Cash □ Bu	ılk□
	Received Date:	Refund date:	Returned Date:
Revised Aug 1, 2013	Amount Received: \$	Paid By Bulk/Other:	

Do you meet the EMS essential functions relating to the physical, mental, and emotional requirements for licensure under current State EMS Rules?

□Yes □No If no, please include a written explanation. If enough room is not provided please attach a statement.

Have you EVER been convicted of any criminal act? (Do not include minor traffic violations.)

 \Box Yes \Box No If yes, please include a detailed written explanation and court documentation.

Have you ever had any type of professional license revoked, suspended, or surrendered?

□Yes □No If yes, please include a written explanation. If enough room is not provided please attach a statement.

Are you now, or have you ever been addicted to the use of intoxicating liquors or controlled substances?

 $\Box Y_{es} \Box N_0$ If yes, please include a written explanation. If enough room is not provided please attach a statement.

Do you have any physical or medical limitations or abnormalities such as epilepsy or diabetes?

□Yes □No If yes, please include a written explanation. If enough room is not provided please attach a statement.

ls y	our e	yesight	impaired	in any	y manner?	□Yes □No)
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If yes, is it corrected? \Box Yes \Box No

In applying for EMSP licensure, I hereby attest to the validity and the accuracy of the information provided. I further attest to my eligibility for licensure, and understand that there is a \$10.00 fee associated with EMSP licensure (\$5.00 for optional 1-year license).
 I understand that in no event may I continue to practice after March 31 of the year of my license expiration if I have not been granted a renewed license.

3. A renewed license shall be deemed to have been granted only after I have received a new license certificate, which has been duly issued by the State Board of Health.

4. I understand that knowingly providing false information can result in license revocation and other penalties. I further understand it is my responsibility to perform the functions of an EMSP in accordance with State EMS Rules, and that failure to do so could likewise result in license revocation and other penalties.

Signature of Applicant:

- 1. Proof of current National Registry is required.
- 2. Proof of current Alabama protocols.
- 3. A copy of your valid typed CPR card, must accompany this application.
- 4. All applications are processed on a "first come, first serve" basis.
- 5. Allow 15 working days for receipt of license.

Check here if you would like the Alabama Department of Public Health, Office of EMS, to keep your personal information confidential

This form is to only be filled out by first time applicants

STATE OF	RELEASE FORM
COUNTY OF	ABI -46 (3/94)

My name is	I reside at	1
City of	, state of	I am possessed
of sound mind and legally com	npetent to execute this release. I hereby authority	orize the Alabama Department of
Public Safety to release any an	nd all criminal history information they have	on me to Alabama Department
of Public Health, Office of El	MS, 201 Monroe Street, Montgomery, Alaba	ama 36130-3017

I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Alabama Department of Public Safety and its officers and agents from any and all claims, actions, or causes of action which may arise as a consequence of the release of the criminal history information.

I certify that I have read this rele	ease and that I unders	tand the significance of t	he same and in witness
thereof I have voluntarily signed my	y name on this the	day of	, 20

			Signature SSN		
			Date of Birth	Race	Sex
Witness			_		
Address			Fille	ed out by Notary Publi	с
City	State	Zip	Sworn to and subscrib		
Witness			this 0	day of	, 20
Address			- Notary Public		
City	State	Zip	My Commission Expires		

PLEASE NOTE: THIS DOCUMENT MUST BE WITNESSED BY TWO (2) WITNESSES, OR NOTARIZED BY A NOTARY PUBLIC.

Below Line for OEMS Office Use

Dennis Blair, OEMS Director