MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES UEMS USE ONLY						UEMS USE ONLY	
BUREAU OF EMERGENCY MEDICAL SERVICES EMS PERSONNEL LICENSE APPLICATION							
FOR DOH OFFICE USE ONLY DO NOT WRITE IN THIS SPACE							
EMT LICENSE NO.					r		
DATE APP. REC'D.							
APPLICA	ANT MUST C	COMPLETE INF	ORMATION BE	LOW TYPE OR	PRINT		
1. INITIAL LICENSE APP.	IF APPLIC	ABLE	CURRENT MO		ND	EXPIRATION DATE	
2. RELICENSURE APP.							
3. TYPE OF LICENSE APPLIED FO	R (Check One) EMT-Basi	c EM'	T-Intermediate 🗌	F	CMT-Paramedic	
4. CERTIFICATION/EDUCATION USED FOR INITIAL LICENSURE OR RELICENSURE: (PLEASE CHECK ONLY ONE) EMT-B EMT-I EMT-P EMT-B EMT-I EMT-P NATIONAL REGISTRY NATIONAL REGISTRY NATIONAL REGISTRY CONTINUING CONTINUING CONTINUING (Attach copy of card) (Attach copy of card) (Attach copy of card) EDUCATION EDUCATION EDUCATION							
5. NAME (LAST, FIRST, MIDDLE IN	NITIAL)						
SOCIAL SECURITY NUMBER	DATE OF BIR	TH	SEX	DAYTIME PHONE N	UMBER		
Ν	MODAY	YR		E-MAIL ADDRESS (i	if applicable)		
MAILING ADDRESS (STREET)							
CITY			STATE	ZIP CODE		COUNTY	
6. NAME OF THE EMS AGENCY Y	YOU ARE CU	RRENTLY WORI	KING FOR.(If app	olicable)			
7. TYPE OF PRESENT PRIMARY EMS AFFILIATION (IF APPLICABLE) AMBULANCE SERVICE UNLICENSED FIRST RESPONDER AGENCY POLICE DEPARTMENT LICENSED EMRA FIRE SERVICE OTHER							
	8. Have you ever had administrative licensure action taken against your EMT license in Missouri or any other state?						
9. Has your right to practice in a health	9. Has your right to practice in a health care occupation ever been subject to limitation, suspension, or termination?						
Yes No Not applicabl			<i>IN ON ATTACHED</i>				
Yes No Not applicab	le 🗌	IF YES, EXPLAI	N ON ATTACHEL) SHEET			
11. HAVE YOU EVER BEEN FINALLY ADJUDICATED AND FOUND GUILTY, OR ENTERED A PLEA OF GUILTY OR NOLO CONTENDERE IN A CRIMINAL PROSECUTION UNDER THE LAWS OF ANY STATE OR OF THE UNITED STATES, WHETHER OR NOT YOU DECEMPED A SUSPENDED IMPOSITION OF SENTENCE FOR ANY CRIMINAL OFFENSE?							
NOT YOU RECEIVED A SUSPENDED IMPOSITION OF SENTENCE FOR ANY CRIMINAL OFFENSE? Yes No							
OF ALL CHARGING DOCUMENTS (SUCH AS COMPLAINTS, INFORMATIONS OR INDICTMENTS), JUDGMENTS AND SENTENCING INFORMATION AND ANY OTHER INFORMATION YOU WISH CONSIDERED.							
12. I HEREBY CERTIFY THAT:							
A. I am able to speak, read and write the English language.B. I do not have a physical or mental impairment which would substantially limit my ability to perform the essential functions of an							
emergency medical technician with or without a reasonable accommodation.C. This application contains no misrepresentations or falsifications and the information given by me is true and complete to the best of my							
knowledge. I further certify that I have both the intention and the ability to comply with the regulations promulgated under Chapter 190, RSMo							
D. I have been a resident of Missouri for five (5) consecutive years prior to the date on the application or I have attached to the application at least two (2) completed fingerprint cards supplied by the EMS Bureau.							
IF RELICENSING USING CONTINUING EDUCATION, PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM APPLICANT'S SIGNATURE DATE							
WARNING: In addition to licensure action, anyone who knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty may be guilty of a class B misdemeanor, Missouri Statutes 575.060.							
Mail application to: Bureau of EMS, P.O. Box 570, Jefferson City, MO 65102							

DECLARATION OF CEUS						
NAME OR TYPE OF COURSE	DIV OR MODULE.	# OF HRS CORE	# OF HRS ELECTIVE.	TRAINING ENTITY ACCRED CECBEMS APPROVAL #, OR ACCREDITING AGENCY (ACLS, PALS, BTLS, MONA, A	OTHER	
TOTAL HOURS						
	COPY THIS SHEET IF NECESSARY					
 IF RELICENSING USING CONTINUING EDUCATION, I HEREBY CERTIFY THAT: <i>I</i> have successfully completed the required continuing education in accordance with state regulations. 						
 I have successfully completed the required continuing education in accordance with state regulations. I have attached a list of these Continuing Education Units 						
3. I am in possession of documentation of the required continuing education and will make all records available to the Missouri Department						
of Health and Senior Services upon request under penalty of license action, up to and including revocation. 4. EMT-B and EMT-I applicants must attach a copy of current CPR card.						
5. EMT-P must attach copy of current ACLS card.						
APPLICANT'S SIGNATURE				DATE		

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5. EMT-P must attach copy						
APPLICANT'S SIGNATURE					DATE	

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5. EMT-P must attach copy APPLICANT'S SIGNATURE	of current ACLS	card.			DATE	
APPLICANT 5 SIGNATURE					DATE	