



ALABAMA DEPARTMENT OF PUBLIC HEALTH

OFFICE OF EMS AND TRAUMA

RSA Tower, 201 Monroe Street, Suite 750

Mail to: PO Box 303017

Montgomery, AL 36130-3017



EMS Individual Licensure Application

Please Print or Type All Information

Social Security Number: _____

Today's Date: ____/____/____

Alabama Emergency Medical Service Personnel (EMSP) License # (renewing / reclassifying only): _____

Name (Last, First, MI): _____

Home Address (No PO Box): _____
Street City State Zip

Mailing Address (If Different): _____
Street/PO BOX City State Zip

County: _____ Birthdate: ____/____/____ Gender: Male Female

Home Telephone: (____) ____-____ Work Telephone:(____) ____-____ Cell Phone(____) ____-____

E-mail Address: _____

Race: Native American Asian Black Hispanic White Other

Education (Select highest completed): GED 9 10 11 12 13 14 15 16 17 18

Driver's License: State _____ Lic.Number _____ Exp. Date: ____/____/____

License Level (for which you are applying):

EMR EMT Advanced EMT EMT-Intermediate Paramedic

(To be eligible for a license, the applicant must have current Alabama Protocols)

(Inactive license status is no longer an option)

License Classification (Mark the classification for which you are applying):

First issue- 2-Year License (\$10 Fee Required) 1 -Year License (\$5 Fee Required)

Renewal- 2-Year License (\$10 Fee Required) 1 -Year License (\$5 Fee Required)

Reinstatement- 2-Year License (\$10 Fee Required) 1 -Year License (\$5 Fee Required)

Reclassification- Changing a level before current license expires (No Fee Required)

(Proof of National Registry is Required for Reclassification)

Late application-Postmarked after March 31 of expiration year (\$50 late fee + \$10 license fee)

If application is postmarked after April 30, eligibility requirements apply. Contact the OEMS for details.

Please list the service ID#(s) of your employer and the county where they are located.

Service ID#: _____ Service Name: _____ County: _____

Service ID#: _____ Service Name: _____ County: _____

A regulation photo is required for any license. See photo requirements below, if your service or region office has not processed a photo for you.

- 1. Attach a standard Passport photo. Picture info available at: http://ADPH.ORG/EMS_under_Web_Management
- 2. Photo should be taken in business casual attire (shirt w/collar, no T-shirts) or EMS uniform.
- 3. Place name and "EMS license number" / SSN on the back of photos (should not be seen on picture side)
- 4. The EMSP must present or attach a clean color copy of his/her "Drivers License", Military ID, or Passport. (For ID Purposes, the photo in these documents may not be used in replacement of number 1)

Attach Photo Here

Attach Optional Photo Here

Place 1 staple outside of this line

Place 1 staple outside of this line

Do you meet the EMT 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, including any DUI convictions? (Do not include minor traffic violations.)

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

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?

Yes No 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.

Is your eyesight impaired in any manner? Yes No

If yes, is it corrected? Yes No

1. In applying for EMS 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 EMS licensure (\$5.00 for optional 1-year license).
2. 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 that it is my responsibility to perform the functions of an Emergency Medical Technician and/or Ambulance Driver 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 National Registry is required for Re-classification or 1st Issue.
2. A copy of your valid CPR card must accompany this application.
3. All applications are processed on a "first come, first serve" basis.
4. Allow 15 working days for receipt of license.

Check here if you would like the Alabama Department of Public Health, Office of EMS and Trauma, 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 _____,
City of _____, state of _____ I am possessed
of sound mind and legally competent to execute this release. I hereby authorize the Alabama Department of
Public Safety to release any and all criminal history information they have on me to **Alabama Department
of Public Health, Office of EMS & Trauma**, 201 Monroe Street, Montgomery, Alabama 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 release and that I understand the significance of the same and in witness
thereof I have voluntarily signed my name on this the _____ day of _____, 20_____

Signature _____
SSN _____
Date of Birth _____ Race _____ Sex _____

Witness

Address

City State Zip

Witness

Address

City State Zip

Filled out by Notary Public

Sworn to and subscribed before me on
this _____ day of _____, 20_____

Notary Public
My Commission Expires _____

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

Below Line for OEMS&T Office Use

Dennis Blair, OEMS&T Director _____
Signature of Person Requesting Record