

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.)

Yes 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?

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 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).
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 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 _____,
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**, 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 Office Use

Dennis Blair, OEMS Director _____
Signature of Person Requesting Record