



ALABAMA DEPARTMENT OF PUBLIC HEALTH OFFICE OF EMS

RSA Tower, 201 Monroe Street, Suite 1100
Mail to: P.O. Box 303017 Montgomery, AL 36130-3017



EMS Individual Licensure Application

Application Type

Paramedic
 Intermediate
 Advanced EMT
 EMT
 EMR

Identification

Social Security Number - -

 Date of Birth / /

 Alabama EMS License #

 National Registry Number

 National Registry Expiration Date / /

Paramedic Endorsement

Transfer Drugs
 Expanded Scope of Practice
 ESP Application must be attached

Personal Information

Last Name _____
 First Name _____ MI _____
 Home Address _____
 Street _____

 City _____ State _____ Zip _____
 Mailing Address _____
 (If Different) Street _____

 City _____ State _____ Zip _____
 E-mail Address _____ @ _____

Application Classification

Initial License **\$10**
 Renewal - Active **\$10**
 Renewal - Expired **\$60**
 Reclassification **\$0**
 Reinstate - Disciplinary **Call**
 Reprint/Name Change **\$10**

Race

Native American Black
 Asian White
 Hispanic Other

Gender

Male
 Female

Phone Numbers

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

Fee Information (For Office of EMS use only)

Date Stamp _____

Check Fee _____
 Cash Check M/O# _____ Received By: _____
 Money Order Amount _____ Received _____
 Bulk Payment allocated _____ of _____ Date: _____

Payer Name _____ Deposit # _____

Licensure Disclosure

If you answer "YES" to any question, you must provide official documentation that fully describes the offense (or condition), the current status and disposition of the case, and a detailed personal statement.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Have you been diagnosed with, or do you have a medical, physical, mental, emotional, or psychiatric condition that may affect your ability to safely practice as an EMS professional?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted of any criminal act? (Do not include minor traffic violations)
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had any type of professional license revoked, suspended, or surrendered?
<input type="checkbox"/>	<input type="checkbox"/>	Are you now, or ever been addicted to the use of intoxicating liquors or controlled substances?

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

By signing I affirm that all information in this form is correct and complete to the best of my knowledge. I understand that falsification of any information may be grounds for denial or revocation of my license.

Signature of Applicant: _____ Date: ____ / ____ / ____

Contact Us
 Phone: (334)206-5383
 Fax: (334)206-0364