

SUBMIT THE FOLLOWING ITEMS WITH APPLICATION

NAME: _____ DATE: _____

EMT			
EMT INITIAL CERTIFICATION	EMT RE-CERTIFICATION	EMT RECIPROCITY	PARAMEDIC/ EMT
<input type="checkbox"/> Completed Application	<input type="checkbox"/> Completed Application	<input type="checkbox"/> Completed Application	<input type="checkbox"/> Completed Application
<input type="checkbox"/> CPR Card	<input type="checkbox"/> CPR Card	<input type="checkbox"/> CPR Card	<input type="checkbox"/> CPR Card
<input type="checkbox"/> EMT Basic Course Completion Certificate	<input type="checkbox"/> Current Certification Card	<input type="checkbox"/> Current Certification Card	<input type="checkbox"/> Current State Paramedic License
<input type="checkbox"/> Driver's License or government issue photo ID	<input type="checkbox"/> Driver's License or government issued photo ID	<input type="checkbox"/> Driver's License or government issued photo ID	<input type="checkbox"/> Driver's License or government issued photo ID
<input type="checkbox"/> National Registry course completion certificate	<input type="checkbox"/> Skills Verification form <input type="checkbox"/> 24 hrs CE Certificates or Refresher course completion certificate	<input type="checkbox"/> Current National Registry Card (required for out of state)	<input type="checkbox"/> Completion of Live Scan if not previously done or letter from employer *
<input type="checkbox"/> Completion of Live Scan	<input type="checkbox"/> Completion of Live Scan if not previously done or letter from employer*	<input type="checkbox"/> Completion of Live Scan <input type="checkbox"/> 24 hrs CE and Skills Verification***	<input type="checkbox"/> DMV Printout (within 7 days) or letter from employer**
<input type="checkbox"/> DMV Printout (within 7 days)	<input type="checkbox"/> DMV Printout (within 7 days) or letter from employer**	<input type="checkbox"/> DMV Printout (within 7 days)	<input type="checkbox"/> State Non-refundable application Fee - \$75 if new or \$37 if recert
<input type="checkbox"/> \$55 Non-refundable county application fee	<input type="checkbox"/> \$55 Non-refundable county application fee	<input type="checkbox"/> \$55 Non-refundable county Application fee	
<input type="checkbox"/> \$75 State Non-refundable application fee	<input type="checkbox"/> \$37 State Non-refundable application fee	<input type="checkbox"/> \$75 State Non-refundable application fee	

*Letter from employer is acceptable only if you were grandfathered into the state system by your current employer.
 ** Letter from employer is acceptable only if the employer participates in DMV notification system.
 *** Call for specific requirements

IF AN EMT CERTIFICATION IS:	THEN:
Not yet expired...	24 Hours of Refresher/CE Hours are required
0-6 months expired...	24 Hours of Refresher/CE Hours are required
Greater than 6 months but less than 12 months expired...	36 Hours of CE is required
12 months but less than 24 months expired...	48 Hours of CE is required <u>PLUS</u> Completion of National Registry Exam <u>PLUS</u> new Live Scan
Greater than 24 months expired...	You must repeat the entire EMT-1 Basic Course <u>PLUS</u> take the National Registry exam <u>PLUS</u> new Live Scan

PARAMEDIC AND MICN			
PARAMEDIC ACCREDITATION	PARAMEDIC RE-ACCREDITATION	MICN AUTHORIZATION	MICN RE-AUTHORIZATION
<input type="checkbox"/> Completed Application	<input type="checkbox"/> Completed Application	<input type="checkbox"/> Completed Application	<input type="checkbox"/> Completed Application
<input type="checkbox"/> \$250 Non-refundable county application fee	<input type="checkbox"/> No Fee	<input type="checkbox"/> \$55 Non-refundable County fee	<input type="checkbox"/> \$55 Non-refundable County fee
<input type="checkbox"/> Current State License	<input type="checkbox"/> Current State License	<input type="checkbox"/> CPR Card	<input type="checkbox"/> CPR Card
<input type="checkbox"/> Letter from ALS Employer	<input type="checkbox"/> Letter from ALS Employer	<input type="checkbox"/> ACLS Card	<input type="checkbox"/> ACLS Card
<input type="checkbox"/> Driver's License or Government Issued photo ID	<input type="checkbox"/> Driver's License or Government Issued photo ID	<input type="checkbox"/> RN License	<input type="checkbox"/> RN License
<input type="checkbox"/> ACLS Card	<input type="checkbox"/> APR Certification	<input type="checkbox"/> Certificate of Completion from MICN Authorization Course	<input type="checkbox"/> MICN Authorization Card
<input type="checkbox"/> CPR Card	<input type="checkbox"/> CPR Card	<input type="checkbox"/> Letter from employer confirming 1 year of ED experience	<input type="checkbox"/> Certificate of Completion From APR Class or MICN Re-Authorization class
<input type="checkbox"/> Completed Field Evaluation Packet	<input type="checkbox"/> \$250 Non-refundable application fee If accreditation has lapsed over 12 months	<input type="checkbox"/> Record of 15 proctored radio calls	<input type="checkbox"/> Letter from employer
		<input type="checkbox"/> Completed MICN Field Orientation Checklist Form; (6 hours ALS transport and 4 hours ALS non-transport or EOC/Med-Com observation)	

~~~~ EMS AGENCY USE ONLY BELOW THIS LINE ~~~~

Verified by: \_\_\_\_\_ County No: \_\_\_\_\_ Copy of Card in File: \_\_\_\_\_ Date Picked Up: \_\_\_\_\_  
 Date Verified: \_\_\_\_\_ State No: \_\_\_\_\_ Copy of Letter in File: \_\_\_\_\_ Date Mailed: \_\_\_\_\_  
 Registry Checked: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Access Updated: \_\_\_\_\_ Copy to employer: \_\_\_\_\_  
 Megan's Law: \_\_\_\_\_ Expiration Date: \_\_\_\_\_