



Initial Personnel License Application



Idaho Emergency Medical Services Bureau

Send completed form to Idaho EMS Bureau, PO Box 83720, Boise, ID 83720-0036 or
Fax to 208-334-4015

Level Applying For: ☐ Emergency Medical Responder ☐ EMT ☐ Advanced EMT (\$35 fee) ☐ Paramedic (\$35 fee)

Fee (if required): ☐ \$35 enclosed (exact cash, check, or money order only) **OR** ☐ Direct Bill - Agency Name _____

Signatures: ☐ Affiliating Agency Official ☐ Applicant **Required attachment:** ☐ Copy of ID (Drivers License, Idaho Identification card, or Military Identification ID card)

Social Security # _____ Date of Birth ____/____/____ Drivers License # _____ DL State _____

Name _____ Gender ☐ F ☐ M
Last Name First Name Middle Name

Mailing Address _____ City _____ State _____ Zip _____ County _____

E-Mail Address _____ Circle the highest level of education: GED / High School Diploma / College: 1 2 3 4 5 6 7 8

Home Phone # _____ Work Phone # _____ Cell Phone # _____

Affiliation:

Qualifying Agency of Affiliation _____ Agency License # _____

Agency Authorized Signature _____
Signature Printed Name

Career status for qualifying agency: Volunteer ☐ True ☐ Compensated Career ☐ Full Time ☐ Part Time

List all agency or hospital affiliations or associations (Use additional form if necessary.)

Agency/Hospital _____ Volunteer ☐ True ☐ Compensated Career ☐ Full Time ☐ Part Time

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I am also an Idaho licensed/certified health care provider as a(n) (circle all that apply): MD / DO / PA / RN / RT / other (please specify) _____

Have you ever applied for or held an EMS certificate or license in any other state? Yes ☐ No ☐

Have you ever been denied or had revoked an EMS certificate or license in any other state? Yes ☐ No ☐

If you answered yes to either question, complete an *Idaho EMS License Verification Request* form for each state in which you have ever applied for, been denied, had revoked or held an EMS certificate / license. (This form is available at www.idahoems.org under Provider Licensure Forms)

I hereby affirm the information herein is true and correct, and that I meet all requirements for EMS licensure as established by the State of Idaho.

Signature of Applicant _____

Date signed _____

For Bureau Use Only

Received by Bureau

Cert. Fee Rcvd Date _____

☐ Cash - Receipt # _____

☐ Check # _____

☐ M.O. # _____

☐ DB - Agency _____

Required Criminal History Check-Accessible on line at www.chu.dhw.idaho.gov.

Idaho EMS Bureau Employer ID #1350

Create new registration and complete application using Idaho EMS Bureau ID# and schedule fingerprinting appointment. Criminal History check must be cleared before the Idaho EMS Bureau can issue a state license, which must be obtained to practice EMS in the State of Idaho.