

Certificate of Eligibility 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

ed EMT 🗌 Paramedic		
ent: Copy of ID (Drivers License, Idaho Identification card, or Military Identification ID card)		
Drivers License # DL State		
Gender 🗌 F 🔲 M		
Middle Name		
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		
Cell Phone #		
I 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 <i>Idaho EMS License Verification Request</i> form for each state in which you have ever applied for, been denied, had revoked or held an EMS certificate / license.		
neet all requirements for EMS licensure as established by the State of		
Date signed		
reau Use Only		
Cert. Fee Rcvd Date		
Check #		
M.O. #		
DB - Agency		

Required Criminal History Check -Accessible on line at <u>www.chu.dhw.idaho.gov</u>.

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.