



Colorado Emergency Medical Services Provider Application for Initial and Renewal Certification

*This application is a matter of public record
There is no fee associated with initial or renewal certification*



COMPLETE, ACCURATE and LEGIBLE INFORMATION WILL EXPEDITE THE PROCESSING OF YOUR APPLICATION

Submit the following documents as listed below

*(Please **do not** include this page with the application)*

- Completed application INCLUDING signed and dated **Affidavit of Lawful Presence/Application Attestation Statement** (page 3)
- Photocopy of your **Proof of Identification**
 - If MAILING this application, use the form on page 5 to **notarize** your proof of identification
 - If submitting this application IN PERSON, bring your identification AND photocopy with you
 - See the Application Instruction Guide for list of acceptable IDs
- Photocopies (front and back) of your **CPR card** (required for all) and **ACLS card** (if applicable)
 - CPR/ACLS cards MUST be from a Colorado Department of Public Health and Environment (the Department)-approved program
 - A letter or course completion certificate from your course director can be substituted for front and back of the CPR/ACLS card(s) -- the letter must state the program and course names
 - See the Application Instruction Guide for list of Department-approved programs and courses

If applicable, provide the following (in addition to the items above)

- Legal documentation of any **name change** since your previous Colorado EMS Provider certification
- Court-issued documents detailing the final disposition of any/all criminal convictions or deferred sentences (except traffic)
- Official documents for every healthcare-related disciplinary action taken against you that detail the nature of the incident and its disposition

Applicants for PROVISIONAL CERTIFICATION ONLY

ONLY Applicants awaiting the results of their fingerprint-based background checks QUALIFY for Provisional Certification. If you QUALIFY and are applying for Provisional Certification, include the following (in addition to the items above):

- A certified check, cashier's check or money order in the amount of \$23, made payable to the "State of Colorado" (PLEASE NOTE: personal checks are not accepted)
- Name-based criminal history report(s) from every state you've lived in for the past three years
 - Name-based reports(s) are **IN ADDITION** to the required fingerprint-based criminal history record check
 - A name-based criminal history report from the Colorado Bureau of Investigation (CBI) is required if you have listed a Colorado address on your application
 - You can verify the process for obtaining name-based criminal history report(s) from other states at www.coems.info

Mail or deliver the complete application and any additional documents to:

CDPHE - EMT Certification
HFEMSD-A2
4300 Cherry Creek Drive South
Denver, CO 80246-1530

Additional information on the application and certification process can be found at www.coems.info



Colorado Department
of Public Health
and Environment

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Application Information

1. EMS Provider Level: EMT Advanced EMT EMT-Intermediate Paramedic
2. Certification Classification: Initial Renewal Change in Level
- 2a. If changing level, are you: Upgrading to Higher Level Downgrading to Lower Level
3. Colorado EMS Provider Number: _____ 3b. Expiration Date: ____/____/____
Renewal or Change in Level
4. Current NREMT Number: _____ (required for initial applications)

Provisional Certification

5. Do you qualify for AND are you requesting a 90-day Provisional Certification pending the results of your fingerprint-based criminal history record check? Yes No (If YES, answer the following)
- 5a. Date fingerprints submitted to CBI: _____
- 5b. Provisional Certification Fee enclosed: Certified Check Cashier's Check Money Order
Certified Check, Cashier's Check or Money Order #: _____
- 5c. Name-based background checks included from these states: _____

Applicant Information

6. Date of Birth: ____ / ____ / _____ 7. Social Security #: _____ - _____ - _____
Social Security # is not required, but may expedite the processing of your application
8. Legal FIRST Name: _____ 9. Middle Initial: _____
10. Legal LAST Name: _____
- 10a. Is this a change since your last certification? Yes No
- If YES, previous name: _____
Legal documentation of name change is required -- ATTACH DOCUMENTATION to application
11. Home Mailing Address: _____
Your certificate will be mailed to this address -- WRITE LEGIBLY
12. City: _____ State: _____ Zip: _____ - _____
13. Best Contact Phone #: _____ - _____ - _____ 14. Alternate #: _____ - _____ - _____
15. Email Address: _____
Email address will only be used for official communications with this office

<p>DATE STAMP</p> <p>Initials: _____</p>	<p>FOR OFFICE USE ONLY</p> 	<p><input type="checkbox"/> Hold for Page _____ Initial _____ Date _____</p> <p><input type="checkbox"/> Hold for Background Initial _____ Date _____</p> <p><input type="checkbox"/> Forward for review Initial _____ Date _____</p> <p><input type="checkbox"/> Background Approved Initial _____ Date _____</p>
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PRINT First Name: _____ PRINT Last Name: _____

Continuing Education and Skills Attestation

➔ If you are an initial applicant or you ARE using NREMT to renew/upgrade, please skip to question 25 ◀

➔ If you are NOT using NREMT to renew,
questions 16-20 **MUST** be completed & signed by an authorized representative of a Colorado-approved
EMS Education Program and questions 21-24 **MUST** be completed & signed by a
Colorado Medical Director or authorized representative of a Colorado-approved EMS Education program ◀

EDUCATION REQUIREMENTS:

16. Education Requirements Completion Date: ____ / ____ / ____

17. Education Program #: _____ 18. Program Name: _____

19. Program Representative's Printed Name: _____

20. Program Representative's Signature: _____

SKILLS COMPETENCY ATTESTATION:

21. Skill Attestation Completion Date: ____ / ____ / ____

22. Program Name (if applicable): _____

23. Med. Dir./Program Rep. Printed Name _____

24. Med. Dir./Program Rep. Signature: _____ MD DO (if applicable)

Background Information

25. List all states (other than Colorado) where you are or have been certified, licensed or registered as an EMS Provider:

State: ____ Exp (Year): _____ State: ____ Exp (Year): _____ State: ____ Exp (Year): _____

*If you answer "YES" to Questions 26, 27, 28 OR 29 (below),
official documentation **MUST** be provided (unless previously submitted)*

Check here if documentation was previously submitted

26. Have you **EVER** been arrested or charged with a misdemeanor or felony (excluding traffic) in this or any other state or nation? Yes No

27. Have you **EVER** been convicted of, pled guilty or no contest to, or received a deferred sentence for a misdemeanor or felony (excluding traffic) in this or any other state or nation? Yes No

28. Have you **EVER** been or are you currently the subject of an investigation by any health care licensing jurisdiction? Yes No

29. Have you **EVER** had any disciplinary action taken against you in connection with the performance of health care-related activities in this or any other state or nation? Yes No

PRINT First Name: _____ PRINT Last Name: _____

Fingerprint-Based Criminal History Record Check

- ➔ **INITIAL APPLICANTS:** A fingerprint-based criminal history record check (prepared by the Colorado Bureau of Investigation) **IS REQUIRED** prior to processing your application
- ➔ **RENEWING APPLICANTS:** A fingerprint-based criminal history record check (prepared by the Colorado Bureau of Investigation) is required **ONLY** if you have lived out of state any time during the past 3 years
- ➔ **ALL APPLICANTS WHO HAVE LIVED OUT OF STATE** any time during the past 3 years **MUST** submit to a **CBI and FBI** fingerprint-based criminal history record check (prepared by the Colorado Bureau of Investigation)

30. Have you lived out of state any time during the past 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30a. If YES, when did you submit your request for a <u>CBI/FBI</u> fingerprint-based background check?	Date: _____
30b. If NO and you are an INITIAL APPLICANT, when did you submit your request for a <u>CBI</u> fingerprint-based background check?	Date: _____
30c. If NO and you are RENEWING, you DO NOT need to resubmit your fingerprints	

Affidavit of Lawful Presence and Attestation Statement

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that:

- _____ I am a United States citizen OR
- _____ I am a Permanent Resident of the United States OR
- _____ I am lawfully present in the United States pursuant to Federal Law

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503, and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

I attest that all information and documents provided by me in this application form are correct and true.

Additionally I understand that failure to provide complete and accurate information may result in denial of certification and/or disciplinary sanctions.

31. Signature (in ink): _____ **Date Signed:** ____/____/____

Optional Demographic Information

- 32. Gender:** Male Female
- 33. Race/Ethnicity:** Asian Black Hispanic Native American White
 Other
- 34. Type of Work:** Paid Volunteer Both Not practicing

First Name: _____ PRINT Last Name: _____

Proof of Identification/Lawful Presence

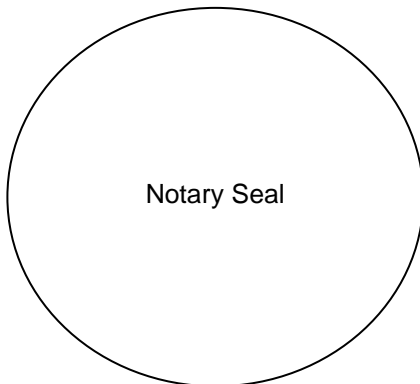
➔ **A PHOTOCOPY OF YOUR IDENTIFICATION is required for ALL APPLICANTS** ◀
See the Application Instruction Guide for list of acceptable forms of identification

- ➔ **FOR MAIL-IN APPLICATIONS:** Notarization of the photocopy is required – use this form ◀
- ➔ **FOR WALK-IN APPLICATIONS:** Bring photocopy AND original identification document with you ◀



State of _____, County (or City) of _____, I, _____,
(Name of State) (County or City) (Name of Notary)
a Notary Public in and for said state, do certify that on _____, I carefully compared the original
(Date)
identification document with the attached facsimile of _____.
(Type of Document)

The copy attached is a complete, full, true, and exact facsimile of the document it purports to reproduce.



(Notary's official signature)

(Commission expiration date)