



EMERGENCY MEDICAL DISPATCHER LICENSE RENEWAL APPLICATION

For Maine EMS Office Use Only:
[ ] Logged
[ ] Entered
[ ] Issued
Approved by: \_\_\_\_\_
CEH date: \_\_\_\_\_
Comments: \_\_\_\_\_

1. Name: \_\_\_\_\_, \_\_\_\_\_ (Last Name) (First Name) (MI)

2. Mailing Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Day time Phone#: \_\_\_\_\_

4. E-mail : \_\_\_\_\_

5. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Must be 18 years of age) \_\_\_\_Male \_\_\_\_Female

6. Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ The following statement is made pursuant to the Privacy Act of 1974, §7(b): Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA §175 as authorized by the Tax Reform Act of 1976 (46 USC, §405(c)(2)(C)(i) and for child support enforcement purposes pursuant to 42 USC § 666(a)(13)(A) and 19-A M.R.S.A. §§2104, 2201. Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes and/or to the Department of Human Services Division of Support Enforcement and Recovery for use in child support enforcement procedures. No further use will be made of your social security number. It shall be treated as confidential tax information pursuant to 36 MRSA §191 and confidential support enforcement information pursuant to 19-A MRSA §2152.

7. What is your Maine EMS EMD license number? \_\_\_\_\_ Expiration date? \_\_\_\_\_

8. What type of training are you using to renew your license? (Attach certificates- see other side of form for additional information)
\_\_\_\_ Maine EMS Continuing Education Hours (CEH) \_\_\_\_ Other (explain): \_\_\_\_\_

9. Have you ever been convicted\* of any criminal offense\*\*? \_\_\_\_ Yes \_\_\_\_ No
(\*"Convicted" means a finding of guilty, or a finding of not guilty by reason of insanity or mental disease or defect.
\*\*"Criminal offense" is one that is punishable by a possible period of incarceration, whether or not such a sanction is imposed. Criminal offenses include, but are not limited to, Operating Under the Influence or Operating After Suspension.)

10. Have you ever been found to have committed a civil infraction involving use or possession of illegal drugs? \_\_\_\_ Yes \_\_\_\_ No

11. Are charges pending against you in any state or Federal court? \_\_\_\_ Yes \_\_\_\_ No

12. Have you ever had any action taken against any professional license or certification you currently hold or have ever held? \_\_\_\_ Yes \_\_\_\_ No

(Complete section A on the reverse side if you answered "yes" to any of questions 10, 11, 12 or 13 above. Failure to provide this information may result in license revocation)

Certification

13. I certify that the statements contained in the application are correct to the best of my knowledge and that I am eligible for license renewal at the level requested in accordance with Maine statutes and EMS rules. I understand that the license, as issued, allows me to administer only those treatments authorized under the Maine EMS Rules governing this license level and by the Maine EMS protocols governing the license level. I understand that the Maine EMS system's Quality Assurance /Quality Improvement (QA/QI) process is an integral part of being a licensed Maine EMD provider and agree to participate in the Maine EMS QA/QI system in accordance with criteria approved and published by the Board. I understand and agree that QA/QI information pertaining to me may be shared amongst recognized participants within the Maine EMS QA/QI system. I also understand that making a false statement that I do not believe to be true on this application or knowingly creating or attempting to create a false impression by omitting information necessary to prevent this application from being misleading constitutes a criminal offense, and may be prosecuted as, among other offenses, unsworn falsification pursuant to 17-A M.R.S.A. § 453 (Class D) and may also result in disciplinary action against my license by Maine EMS.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

EMD Center Employment Verification

14. I certify that the applicant/licensee is employed by the licensed Emergency Medical Dispatch Center, noted below.

Signature of EMD Center Director: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Dispatch Center: \_\_\_\_\_ EMD Center License # \_\_\_\_\_

**Criminal Convictions – Additional Information**

***If you answered "yes" to any one of questions 9, 10, 11, or 12 on the application, you must provide the information requested below for any and all convictions, violations or action. (Attach extra sheets if necessary)***

Type/Name of Offense:	Date of Offense:	Location of Offense:	Name of Authority/Court:	Action Taken:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Training information – To renew you Maine EMD license you must submit the following:****1. Continuing Education Hours (CEH)**

Please attach copies of the continuing education certificates that you are using to renew your license. In order to renew your license you need to provide continuing education hours (CEH) certificates in the following categories:

- Category 2 – Basic Life Support (BLS) topics – 8 hours
- Category 8 – EMD Operations – 4 hours
- Category 9 – EMD Crisis Communications – 6 hours
- Category 10 – EMD Special Needs – 6 hours

**2. Cardio-Pulmonary Resuscitation (CPR) Certification**

Enclose a copy of a current CPR certification. CPR certification must be one of the following:

- American Heart Association(AHA) *HealthCare Provider*
- American Red Cross (ARC) *Professional Rescuer*
- American Health & Safety Institute (ASHI) *Healthcare Provider*

**Complete this Checklist before you mail in your application:**

- All required sections are completed by printing (in ink) or typing the requested information;
- I've enclosed copies of CEH certificates in the amount and categories required for renewal of my license;
- I've enclosed a copy of an approved (see list, above) CPR card;
- I have completed, signed and dated my application (in blue or black ink);
- My EMD Center Director has signed my application .

Return your signed application (photocopied signatures can't be accepted) to: **Maine EMS,  
152 State House Station,  
Augusta, ME 04333-0152  
Tel. 207- 626-3860**