

Applicant Name (Please Print Clearly): \_\_\_\_\_

## Maine EMS Reciprocity and National Registry Supplemental Information

(This form must accompany all applications for Reciprocity, or for applicants using National Registry Certification based upon out-of-state training)

a. Are you currently licensed/certified in another State? \_\_\_\_\_ Yes \_\_\_\_\_ No If you answered "Yes":

i. In what State was your license/certificate issued? \_\_\_\_\_

ii. Was the license issued based upon training completed in the State of issue or based upon reciprocity from another state?

\_\_\_\_\_ Based upon training \_\_\_\_\_ Based upon reciprocity from: \_\_\_\_\_

b. Are you currently Nationally Registered? \_\_\_\_\_ Yes \_\_\_\_\_ No

c. If you answered "Yes" to a or b above, was your state license or National Registry based upon completion of a standardized program following DOT guidelines, or, based upon a combination of training and allied healthcare experience/licensure?

\_\_\_\_\_ Based upon a standardized course \_\_\_\_\_ Based upon training and allied healthcare experience/licensure

d. If you are not currently licensed in another state or Nationally Registered, submit a course completion certificate with course outline(s) and syllabus

List completion date of the course that you are submitting for approval. \_\_\_\_\_

Name, address, and contact person/telephone number of the training entity where you received your EMS education.

Name of training facility: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Name & Title of Contact Person: \_\_\_\_\_

Telephone Number of Contact Person: \_\_\_\_\_

### **Complete this checklist to ensure all required information is included with this form:**

- All required sections of the form have been completed by printing (in ink) or typing the requested information;
- Enclosed a copy of a current out-of-state EMS certification/license ( if applicable);
- Enclosed a copy of a current National Registry card (if applicable);
- Enclosed a copy of a refresher course certificate (if completed within the last three years)
- Enclosed is the sealed envelope containing the *Maine EMS Verification of EMT Certification* form completed by the state EMS office in the state that the applicant is currently certified/licensed;
- If a resident of another state, a criminal background check from the state criminal records division of the state in which the applicant has resided for the past 3 years is attached (for a list of other state's criminal records contact numbers please visit the following website: <http://www.informe.org/PCR/faq.html>)
- This form and all required documentation have been attached to the *Maine EMS Application for Testing and for a New License to Practice EMS Patient Care* form.
- The following (applicable) fees are attached in the form of check, money order or credit card charge (see the *Maine EMS Application for Testing and for a New License to Practice EMS Patient Care* form for information about charging the fees to a credit card). (Check all that apply):
  - \$21.00 for the Criminal Background Check
  - \$25.00 Reciprocity Fee for First Responder or EMT-Basic applicants
  - \$25.00 for First Responder or EMT-Basic applicants based upon National Registry Certification from an out-of-state program
  - \$50.00 Reciprocity Fee for EMT-Intermediate (AEMT) or Paramedic applicants
  - \$50.00 Application fee for an EMT-Intermediate AEMT) or Paramedic applicants based upon National Registry Certification from an out-of-state program