



STATE VERIFICATION OF EMERGENCY MEDICAL SERVICES LICENSURE AND/OR CERTIFICATION

THIS PAGE IS TO BE COMPLETED BY THE APPLICANT
FOR EACH STATE AGENCY IN WHICH YOU NOW HOLD OR HAVE EVER HELD CERTIFICATION/LICENSURE

NAME:
 FIRST MIDDLE LAST (former names in parenthesis)

NATIONAL EMS 12-DIGIT ID #: **TODAY'S DATE (mm/dd/yyyy):**
 (Found at www.nremt.org)

BIRTH MONTH/DAY (mm/dd/yyyy):

STATE OF CERTIFICATION/LICENSURE YOU ARE REQUESTING VERIFICATION:

CERTIFICATION/LICENSE # (IN THE STATE ABOVE):

LIST ALL STATES IN WHICH YOU HAVE HELD EMS CERTIFICATION/LICENSURE:

YOUR CONTACT INFORMATION

MAILING ADDRESS:

EMAIL:

PHONE:

I authorize the above-named certifying or licensing agency to release all records related to my certification or license to the Maine Bureau of Emergency Medical Services.

APPLICANT SIGNATURE:

(STATE EMS OFFICE TO COMPLETE NEXT PAGE)



STATE VERIFICATION OF EMERGENCY MEDICAL SERVICES CERTIFICATION AND/OR LICENSURE

THIS PAGE IS TO BE COMPLETED BY THE STATE EMS OFFICE

The above-named individual is applying for certification/licensure and reported holding **current and/or prior** credentials from your agency. Please complete the following information regarding all current and/or prior certifications/licenses issued by your agency and **return the completed form directly to Maine EMS at ems.licensure@maine.gov**. Please contact the Maine EMS Office with any questions or concerns. Tel: 207-626-3860

	CERTIFICATION NUMBER	ISSUE DATE	EXPIRATION DATE	NOTES / COMMENTS
EMR				
EMT/EMT-BASIC				
ADVANCED EMT				
PARAMEDIC/EMT-PARAMEDIC				
Other: _____				

<p>Are there any compliance, disciplinary, or agency action issues on record for the applicant's certification/license, including, but not limited to suspensions and/or revocations?</p> <input type="checkbox"/> YES (please attach documentation of the incident) <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN/UNABLE TO ANSWER	<p>To the best of your knowledge, has the applicant ever been convicted of a crime?</p> <input type="checkbox"/> YES (please attach documentation of the incident) <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN/UNABLE TO ANSWER
<p>Do you know of any reason that the applicant should be denied certification?</p> <input type="checkbox"/> YES (please attach documentation of the incident) <input type="checkbox"/> NO <p>If yes, please explain:</p> 	

The above certification was issued upon (check all that apply):

- INITIAL EDUCATION IN STATE
- RECIPROCITY FROM ANOTHER STATE
- If yes, where?** _____
- NREMT

- OTHER
- If other, please explain:** _____
- UNKNOWN

INDIVIDUAL VERIFYING (PRINT)	TITLE
INDIVIDUAL VERIFYING (SIGNATURE) To the best of my knowledge, I certify that the information above is true to the records of this licensing agency, and my electronic signature is considered my personal signature.	DATE
(STATE) LICENSING AGENCY	PHONE NUMBER

PLEASE RETURN THIS DOCUMENT DIRECTLY TO EMS.LICENSURE@MAINE.GOV