

Instructions for the Emergency Medical Technician or Paramedic (Certificate Holder)

Please note that this section provides detailed steps for the certificate holder if they are recertifying themselves and using an 'Other Payer Code' as a method of payment.

1. The certificate holder logs into MQA Services at www.FLHealthsource.com
2. Select the 'Renew My License' button.
3. Select profession (Emergency Medical Technician or Paramedic).
4. Enter user ID and password.
5. Select to Renew Online

The screenshot shows a web interface for license renewal. On the left is a navigation menu with links: Renew License, Update Addresses, Update Login, View License Data, Request Duplicate License, Emergency/Disaster Volunteer, EMS Workforce Survey, FAQ, Contact Information, CE Broker Registration, and Log Off. At the bottom left is a link for 'ABOUT SSL CERTIFICATES'. The main content area shows a user's name and license number. Below this, it states 'There are two (2) options for renewing your license.' It then lists two options: 'RENEW ONLINE' and 'RENEW BY MAIL'. The 'RENEW ONLINE' option includes radio buttons for 'You do not need to change the status of your license.', 'You have a credit card/debit card to complete the transaction.', and 'Your license status is not Military, Active'. The 'RENEW BY MAIL' option includes radio buttons for 'You need to change the status of your license.', 'You need to pay using a cashiers check or money order.', 'You do NOT have a credit card/debit card to complete the transaction.', 'You need to submit your Continuing Education with your renewal (Radiologic Technologists only)', and 'Your license is in Military, Active' status. A red arrow points to the 'Click here to RENEW ONLINE' link. At the bottom, there is a link to 'Click here to Verify/Update your Addresses and Print your Renewal Form'.

6. Complete the recertification steps:
 - a. Answer the criminal conviction question

The screenshot shows a question titled 'Conviction Information :'. The question is 'Have you been convicted or pled no contest, regardless of adjudication, to a felony charge since your last certification?'. To the right of the question is a dropdown menu with a blue 'N' selected. A red arrow points to this dropdown menu. Below the question is a paragraph of text explaining the requirements for submitting documentation of a felony conviction. At the bottom center is a blue 'Continue' button.

b. Verify/update mailing address and practice address

Renewal Steps

- 1. Update Basic Information**
 - Licensee Information
 - License Status Information
 - Mailing/Practice Addresses
 - E-Mail Address Information
 - Contact Information
2. EMS Workforce Survey
3. Renewal Payment
 - Verify Basic Information
 - Enter Credit Card Information
 - Check Agreement to Terms
4. Renewal Confirmation
 - Print Confirmation of License
 - Print Credit Card Receipt

[ABOUT SSL CERTIFICATES](#)

Important: By submitting the appropriate renewal fees to the Department, a licensee certifies compliance with all requirements for renewal, including continuing education credits.

Licensee Information :

Please verify your licensee information, correcting if necessary.

Name : DANIEL D **Date of Birth :** 11/02/1984
Race : WHITE **Gender :** M

License Specific Questions :

Would you be willing to provide health services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major disaster?

License Status Information :

Please verify your license status information.

Profession : Emergency Medical Technician **License Number :** 514
Rank : Emergency Medical Technician **License Status :** Clear / Active
Fee Due : \$45.00 **Expiration Date :** 5/31/2010

Renewal Mailing Address Information :

Please verify your mailing address, correcting if necessary. Address changes will be updated upon completion of a successful renewal.

Name : DANIEL D
Address Line 1 : 5 N DIXIE HWY
Address Line 2 :
City : WEST PALM BEACH
State/Province : FLORIDA * United States/Canada
Zip/PostalCode : 33401
Country : UNITED STATES
Attention:
Current Phone Number : () Ext.
New Phone Number : () - Ext. * If provided, this information becomes a public record.

c. Complete the workforce survey

- Renewal Steps**
- 1. Update Basic Information
 - Licensee Information
 - License Status Information
 - Mailing/Practice Addresses
 - E-Mail Address Information
 - Contact Information
 - 2. **EMS Workforce Survey**
 - 3. Renewal Payment
 - Verify Basic Information
 - Enter Credit Card Information
 - Check Agreement to Terms
 - 4. Renewal Confirmation
 - Print Confirmation of License
 - Print Credit Card Receipt

This is a survey for the Statewide EMS Strategic Plan (July 2008 - June 2010) which will be used to enhance pediatric education and improve EMT/Paramedic satisfaction in the State of Florida.

1. Have you taken any of the following Pediatric Emergency Care Courses? (Choose all that apply)

PALS PEPP EPC PTLS PEARS NRP

| | |
|------|-------|
| PALS | Reset |
| EPC | Reset |
| | Reset |
| | Reset |
| | Reset |

2. Does your agency require you to take a Pediatric Emergency Care Course?

- Yes
 No

3. When was the last Pediatric Emergency Care Course you attended?

a. < 24 months

b. If you answered Never, what was the reason?

- Course not paid for by agency.
 No educational leave / paid training
 Not relevant to my practice
 Course not available

[ABOUT SQL CERTIFICATES](#)

d. Indicate compliance with recertification requirements.

Agreement to Terms :

Important: By submitting the appropriate renewal fees to the Department and checking the box below, a licensee certifies compliance with all requirements for renewal, including continuing education credits.

By submitting the appropriate renewal fees to the Department, I certify compliance with all requirements for renewal. I am responsible for knowing these requirements as set forth in the laws and rules that govern my profession.

7. Make payment by either entering a valid other payer code or entering credit card information.

Agreement to Terms :

Important: By submitting the appropriate renewal fees to the Department and checking the box below, a licensee certifies compliance with all requirements for renewal, including continuing education credits.

By submitting the appropriate renewal fees to the Department, I certify compliance with all requirements for renewal. I am responsible for knowing these requirements as set forth in the laws and rules that govern my profession.

Payment Information :

OTHER PAYER PAYMENT

Other Payer Code :

After you provide your Other Payer Code, click the "Process" button to send your renewal to us. It is your responsibility to notify the paying party that payment has not been received.

If you have selected the Other Payer option in error, once you click the "Process" button you will not be able to go back and pay by credit / debit card and instead will have to submit a cashier's check or money order for payment of fees.

CREDIT CARD PAYMENT

Credit Card Number :

(No spaces or dashes)

Credit Card Type :

(VS - Visa, MC - MasterCard, DS - Discover, AX - American Express)

Expiration Date (MM/YY) :

CVV Number :

[What's This?](#)

Name As It Appears On Card :

Terms and Conditions

Each time credit card information is submitted, an authorization request is sent to your credit card company. Your credit card company verifies that the card number is valid and that the amount of your transaction is available. If the card number is valid and the funds are available, the credit card company puts an authorization hold on the funds. Even if you receive an invalid CIC or CVV error message, the credit card company or bank will still apply an authorization hold on the funds and immediately deduct those funds. Please note this DOES affect your available credit limit or account balance. It is strongly recommended for debit/bank card users to use a credit card so as not to affect their checking account balance.

It is best to avoid the inconvenience of the pending or duplicate charge by double-checking the CIC code before submitting the payment. An authorization is only a hold on the funds for a possible future transfer. This hold is temporary, and if the transaction is not settled it will expire without any action, usually within 7 days. It is not a completed transaction and no funds are transferred at that time. Your credit card company may still show a temporary authorization hold on the funds after your transaction is completed. It can take several working days for them to process the void on the transaction. The time will vary amongst companies. Unfortunately, many customer service staff at banks or credit card companies are not aware of the difference between an authorization hold and a settled transaction. They will tell you that it is a valid transaction even though we have processed a void on the authorization. Credit card companies process authorizations and charges immediately; however they may take up to 7 days to process voids or credits.

- If the other payer code entered is valid, the process is complete for the certificate holder. A screen will display with a confirmation message. A link is provided in the top left portion of the screen to print the other payer payment receipt.



- Renewal Steps**
- Update Basic Information
 - Licensee Information
 - License Status Information
 - Mailing/Practice Addresses
 - E-Mail Address Information
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 - EMS Workforce Survey
 - Renewal Payment
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 - Print Credit Card Receipt

Other Payer payment was successful.
Upon approval, your new certificate will be sent to the address listed in the Renewal Mailing Address Information section. Please allow 10 to 14 days for your request to be processed.

[Print License Confirmation](#) [Back to Online Practitioner Services](#)
[Print Other Payer Payment Receipt](#) [Renew Another License?](#)

Licensee Information :

| | | | |
|---------------|----------|------------------------|-----------|
| Name : | Jane Doe | Date of Birth : | 8/28/1980 |
| Race : | | Gender : | M |

License Status Information :

| | | | |
|---------------------|------------------------------|-------------------------|----------------|
| Profession : | Emergency Medical Technician | License Number : | 123 |
| Rank : | EMT | License Status : | Clear / Active |
| Fee Due : | \$20.00 | | |

Renewal Mailing Address Information :

Name :
Attention :
Address Line 1 : 123 BUCCANEER BLVD
Address Line 2 :
City : PUNTA GORDA
State/Province : FLORIDA
Zip/Postal Code : 33955
Country : UNITED STATES
Phone Number : (888) 888-8888 Ext :

Renewal Practice Location Address Information :

