



PARAMEDIC INITIAL CERTIFICATION APPLICATION



UPDATED INSTRUCTIONS

Please read- the follow information updates the instructions contained within the application

1. No picture is needed.
2. Paramedic Certification is now located in the Division of Medical Quality Assurance. You can contact us at (850) 488-0595.
3. Checks should be payable to MQA or Dept. of Health
4. Application mailing address:
EMT/PMD Certification Office
PO Box 6330
Tallahassee FL 32314-6330

Street Address: 4042 Bald Cypress Way Suite 305
Tallahassee FL 32399
5. Fax number (850)245-4385
6. Website: <http://www.doh.state.fl.us/Mqa/EMT-Paramedic/>
7. License verification, etc.: <http://www.doh.state.fl.us/Mqa/>



PARAMEDIC INITIAL CERTIFICATION APPLICATION

TYPE or PRINT in CAPITAL LETTERS (Read instructions carefully before completing. All components of this application are required. Any omissions will delay processing.)

A. APPLICANT INFORMATION			
First Name _____	MI _____	Last Name _____	
List any nickname that you may use other than your official given name. _____			
Mailing Address _____	City _____	State _____	Zip Code (plus extension) _____
Home phone # (_____) _____		Social Security # _____ - _____ - _____	
PERSONAL INFORMATION: Although the following information is not mandatory, it is requested to aid the state of Florida in its commitment to develop accurate statistics and reports. Refusal to answer will not result in adverse treatment of any applicant.			
Date of birth: ____/____/____ Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male			
Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Other			
Would you be available to provide health care services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major disaster? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I am requesting ADA accommodations.			
B. PARAMEDIC INITIAL CERTIFICATION APPLICATION		C. Have you ever been convicted of, pled no contest to, or had adjudication withheld on a felony charge: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, see "additional documentation requirements") Charges _____ Convicted? <input type="checkbox"/> Yes <input type="checkbox"/> No If convicted, civil rights restored? <input type="checkbox"/> Yes <input type="checkbox"/> No	D..ATTACH TWO 2" x 2" PASSPORT QUALITY PHOTOS HERE AND PRINT YOUR NAME ON THE BACK OF EACH PHOTO
1. Taking exam for: <input type="checkbox"/> Certification (\$45 application fee) <input type="checkbox"/> Refresher for Recertification (no application fee) 2. <input type="checkbox"/> Applying for limited certification related to a physical disability 3. <input type="checkbox"/> Requesting certification fee exemption based on working for a licensed volunteer ambulance service w/o pay			
E.. PROFESSIONAL EDUCATION (see professional education for required documentation) I have met the professional education requirements with: (Check the appropriate box)			
<input type="checkbox"/>	Florida approved-training _____	Name of Training Program _____	Anticipated Date of course completion _____
<input type="checkbox"/>	Out of state certification _____	Name of State _____	Certificate number _____ Expiration date _____
<input type="checkbox"/>	NREMT _____	Certificate number _____	Expiration date _____
<input type="checkbox"/>	Health professional licensure (paramedic certification only) _____	MD, Dentist, RN FL License Number _____	Expiration date _____
<input type="checkbox"/>	FL Paramedic certification (Can be used for EMT certification only) _____	Certificate Number _____	Expiration date _____
F. Professional Rescuer Certification (see professional rescuer certification for required documentation) <input type="checkbox"/> ACLS card or its equivalent _____ Type of card _____ Date issued _____			
G. OATH: I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith and that: I am free from addiction to alcohol or any controlled substance; and I am free from any physical or mental defect or disease (does not apply to applicants for limited certification) that might impair my ability to perform as a paramedic.			
Applicant signature _____		Date _____	
State of _____, County of _____		Signature of Notary _____	
Sworn to (or affirmed) and subscribed before me _____		My commission expires _____	
Date _____		(seal)	
<input type="checkbox"/> Personally known or <input type="checkbox"/> type of identification produced: _____			

GENERAL INFORMATION

This application form (DH Form 1583) may be used to apply for the initial certification examination as a Paramedic. You may also use it as a refresher equivalent.

ELIGIBILITY REQUIREMENTS and MANDATORY DOCUMENTATION

To be eligible for certification as a Florida Paramedic, an applicant must have completed the required professional education which includes HIV AIDS training, hold a current ACLS card, successfully pass a department required examination, and paid the applicable fees. You must submit documentation with your application verifying how you have met your professional education requirements. You must hold a high school diploma or a General Education Development (GED) diploma.

Professional Education- You may comply with the Paramedic professional education requirements in a number of ways.

- **Florida Training-** Successful completion of paramedic professional education from a Florida Department of Health approved program will be recognized for a period of **only** one year from course completion. You must pass the Florida required exam within the year of course completion to use this professional education to qualify for initial certification. **You are required to submit a copy of your course completion certificate to sit for the Florida exam.**
- **Out of State Trained-** A paramedic certificate/license from another US state, territory, or possession can be recognized as a professional education equivalent, provided the certificate is current and in good standing. **You are required to submit a copy of the front and back of the certificate as well as a Statement of Good Standing (DH Form 1164) completed by the state or national-certifying agency.**
- **National Registration-** A paramedic certificate from the National Registry of Emergency Medical Technicians can be recognized as a professional education equivalent, provided the certificate is current and in good standing. This type of certification is recognized for individuals who have taken a paramedic course in another US state, territory or possession or on a military installation. **You are required to submit a copy of your National Registry wallet card, as well as a Statement of Good Standing (DH Form 1164) completed by the National Registry.**
- **Health Professional Licensure-** A Florida licensed physician, dentist, or nurse may apply for certification as a paramedic and subsequently challenge the paramedic exam, provided he/she holds a Florida EMT certificate which is current and in good standing. **You are required to submit a copy of your current Florida license or registration and your Florida EMT Certificate Number.**

Photos- Attach two original 2"x2" passport-type photos with your application and print your name on the back.

PROFESSIONAL RESCUER CERTIFICATION

- An applicant for Paramedic certification must hold a current American Heart Association ACLS or an ACLS-equivalent certification from an organization approved by the Bureau of EMS pursuant to 64E-2.038, Florida Administrative Code. **A signed copy of both sides of the ACLS card must be submitted with your application or an ACLS course equivalency completion certificate.**

Go to our website www.fl-ems.com to verify approved courses other than those listed by name.

FELONY INFORMATION

Felony Status- If you have been convicted or pled no contest, regardless of adjudication, to a felony charge, you are required to submit documentation of the date, location, facts, disposition of the charge, and, as applicable, documentation of the status of your civil rights after the felony conviction. You must submit a copy of the judgment of each felony, all probation documents, any documents that are relevant to the felony, and your explanation of the offense(s) and any other arrests. Documentation, with the exception of your explanation, must be certified by a court of competent jurisdiction. You may also submit any current letters of recommendation from your employer, probation officer, or other community leaders that you would like to have considered in this review.

Fees are non-refundable

Exam Requirements- All paramedic certification applicants must take and pass the state required examination to become Florida certified. The required paramedic examination is “state-developed.”

Which test will I take? Where and when is it offered?

Paramedic candidates will take the state-developed exam and are required to submit this application. The Florida paramedic exam is computer-based and offered in 12 locations across the state of Florida and also available throughout the United States and its possessions. Candidates taking the computer based exam will be provided with a preliminary score report immediately after taking the test. Final scores will follow from the Bureau of EMS. **(If you pass, you are not eligible to present yourself as a paramedic until you receive your Florida Paramedic Certificate.)**

What’s on the exam? The exam:

- is based on the current U.S. Department of Transportation National Standard curriculum and the Florida Rules.
- has 150 questions and includes questions on Airway/Breathing, Cardiology, Trauma, Medical, OB/Pediatrics, and EMS Operations.

How is the exam scored?

- Paramedic candidates must achieve a passing score of an overall 80 percent.

Application Due Dates- Your state application, all required documentation, photos, and fees must be received by the department to determine your eligibility to take the paramedic exam. After the Bureau of EMS sends you an eligibility letter, you may schedule an exam with the testing service.

Period of Eligibility- A complete certification application packet (one with all required documentation, photos and fees) establishes eligibility to sit for the exam for either one year from course completion (for applicants who have completed their professional education with a Florida Department of Health approved program) or one year from receipt (for applicants certified by another state or the National Registry), provided that all certifications remain current and in good standing. After that period, the application will be denied.

Certification candidates are allowed three opportunities to pass the written examination provided all other requirements are met. Paramedic candidates applying for the fourth attempt of the written examination must submit official documentation verifying that they have successfully completed 48 hours of department-approved refresher training based on the 1994 U.S. DOT EMT-Paramedic National Standard Curriculum. This educational refresher must be completed after the third unsuccessful attempt of the written certification examination. Should a candidate fail the sixth and final attempt of the written examination, the candidate must successfully complete another paramedic program at a Florida approved training center.

FEES- The paramedic certification application fee of \$45 must be submitted with your application and request for exam scheduling. Fees are payable to Emergency Medical Services and are non-refundable, and may be paid by money order, certified check, personal check or business check. When scheduling to take the exam, you will pay a \$40 test fee by Visa, MasterCard, American Express or electronic check.

Paramedic certification application fee = \$45 Refresher equivalent exam fee = \$40 (paid to testing service before exam can be scheduled)
Exam fee payable to testing service = \$40

ADA Accommodations- To request an application for special testing accommodations, call (850) 245-4444 extension 3443, or visit this website http://www.doh.state.fl.us/mqa/ems/ems_ADA.html and then click on the ADA Application to print the required form. The website provides instructions for submission of the application.

MAILING REQUIREMENTS

Mail this application, photos, required documentation, and applicable fees to:

Department of Health
Bureau of EMS
P.O. Box 6360
Tallahassee, FL 32314-6360

Phone: (850) 245-4073
website: <http://www.doh.state.fl.us/mqa/ems/main-emt.html>

Fees are non-refundable