



APPLICATION FOR INSECT STING EMERGENCY TREATMENT CERTIFICATION

1. (1020) Initial Certification (2020) Renewal of Certificate # _____

2. Applicant Information

Last Name First Name () Home Phone Number

Mailing Address City State Zip Code

Applicant Date of Birth _____

3. Provide name, county, and phone number of employer, facility, or group where you expect to be responsible for another person who has severe adverse reactions to insect stings.

Name of entity County () Phone number

4. Certificate of Training

I certify that I, as a physician licensed pursuant to Chapters 458 or 459, F.S., have on this date, _____ 200__, conducted the training required by Section 64E-2.035, F.A.C., to the above-named individual so he/she may recognize the need for and administer a treatment of epinephrine via autoinjector to an individual in an emergency situation when a physician is not immediately available.

Print Physician's Name Physician's Signature

Florida Physician's License Number License Expiration Date

5. I certify: (a) I am 18 years of age or older; (b) have, or reasonably expect to have as a result of occupational or volunteer status, responsibility for at least one person who has severe adverse reactions to insect stings; and (c) have successfully completed a minimum of 30 minutes of training conducted by a Florida licensed physician.

6.

Signature of Applicant Date

Signature of Notary My commission expires

Subscribed before me, this date _____ (seal)

___ Personally known or ___ Produced identification

Type of identification produced: _____

For Office Use Only	Yes	No	
Form complete	<input type="checkbox"/>	<input type="checkbox"/>	Certificate # issued _____ File # _____
Fee	<input type="checkbox"/>	<input type="checkbox"/>	Client 2503



Application Completion Instructions General Information

Requirements for certification and recertification.

You must:

1. Be 18 years of age or older;
2. Have or reasonably expect to have as a result of occupation or volunteer status, responsibility for at least one other person who has severe adverse reactions to insect stings; and
3. Successfully complete, within the previous 2 years, a training program that meets the requirements listed below.

Training requirements- You must successfully complete a 30-minute training program conducted by a physician licensed in Florida pursuant to Chapter 458 or 459, F. S. The training program must include:

1. Definition of anaphylaxis;
2. Agents which might cause anaphylaxis and the distinction between them, including insect sting, drugs, food and inhalants.
3. Recognition of symptoms of anaphylaxis.
4. Appropriate emergency treatment of anaphylaxis as a result of insect stings; and
5. Use of a method of administration of epinephrine, I.E. autoinjector, as a result of insect stings.

Certificates expire on March 1 of each odd-numbered year (2007, 2009). You will be sent a renewal application prior to that date.

Form Completion Instructions

1. Indicate whether this application is for an initial certification or renewal of an existing certificate.
2. Include your name and mailing address.
3. Indicate the name, county, and phone number of the employer, facility, or group where you expect to be responsible for another person who has severe adverse reactions to insect stings.
4. Certificate of Training- This section of the application is completed by the Florida licensed physician who provided the training.
5. This section of the application is completed by the applicant and must be notarized.

Fee and Mailing Information

Fee- The fee for initial certification or renewal is \$25. Your check or money order should be payable to FL DOH or MQA. Fees are not refundable. (Personal checks are now accepted)

Please mail completed application and fee to:

EMT/PMD Certification Office
PO Box 6330
Tallahassee FL 32314-6330



**CONFIDENTIAL AND EXEMPT FROM PUBLIC
RECORDS DISCLOSURE***

**Florida Department of Health
Insect Sting Emergency Treatment Application**

Name: _____
Last **First** **Middle**

Social Security Number: _____

* This page is exempt from public records disclosure pursuant to subparagraph 119.071(5)(a)2., Florida Statutes, which provides in relevant part: "An agency that collects social security numbers shall also segregate that number on a separate page from the rest of the record, or as otherwise appropriate, in order that the social security number be more easily redacted, if required, pursuant to a public records request."

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Website: www.doh.state.fl.us/mqa/EMT-Paramedic/
