WHO SHOULD USE FORM 300-20
Recently expired Massachusetts EMT-Paramedics who wish to reinstate.

ELIGIBILITY
The Massachusetts Department of Public Health’s Office of Emergency Medical Services (DPH/OEMS) will review and verify your eligibility to take the examination. Only those candidates who meet all of the eligibility requirements will be eligible to take the certification examination.

Applications will be returned to those candidates who are not eligible for testing. Please fill out both sides of the form completely and legibly. Sign and date the application form as testimony that all of the information presented is accurate to the best of your knowledge.

An EMT-Paramedic reinstatement candidate must hold a current BLS-CPR successful course completion certificate and a current ACLS successful course completion certificate at the time of application and on the days of the cognitive skills (written) and psychomotor skills (practical) examinations.

SCHEDULING OF EXAMS/EXAM RESULTS
When you have been approved to take the examination you will be provided with the website where you can find a list of Accredited Training Institutions that are conducting practical examinations in the near future. Contact information will be included. It is your responsibility to make an appointment for your practical examination directly with the Accredited Training Institution. Practical examination fees are set by the individual training institutions, as are policies regarding examination cancellations and refunds of practical examination fees. You should make certain that you understand all of the policies involved when you make a test appointment with a particular training institution.

If a candidate fails the practical examination, results are sent to candidate. The candidate contacts the Institution to set up a retest appointment.

You may schedule your written examination with the National Registry of EMTs (NREMT) at any time during this process, by contacting the NREMT at www.nremt.org or 614 888-4484. There is a separate fee for the written examination, which is paid to the National Registry of EMTs.

DEADLINE FOR PASSING THE PSYCHOMOTOR AND COGNITIVE EXAMINATIONS
A candidate has one year from the date their certification expires to apply for reinstatement.

A candidate must successfully complete the NREMT psychomotor examination and cognitive examination, within one year of the date of DPH/OEMS’ approval of the application for reinstatement. A candidate has a maximum of three attempts to pass for each of these exams within this time period. The exams may be taken in any order.

If a candidate does not successfully complete the examination within the time frames and within the maximum number of attempts, they will no longer be eligible to take the certification examination. To regain eligibility, such a candidate must complete an EMT-Basic, then an EMT-Paramedic initial training course at an accredited training institution. The candidate must then file a fee and application for examination and successfully complete the NREMT EMT exam, then the EMT Paramedic certification examination (written and practical).

SUBMISSION OF APPLICATION AND FEE
Mail this application form, and your fee to the Massachusetts Department of Public Health, Office of Emergency Medical Services, 99 Chauncy Street, 11th Floor, Boston MA 02111.

The certification fee is $150.00. The fee must be a check made payable to Commonwealth of Massachusetts. Fees are non-refundable.

APPLICABLE STATE REGULATIONS
Applicants for EMT certification should be aware of Massachusetts laws and regulations which govern the conduct of EMTs including, but not limited to, M.G.L. c. 111C and 105 CMR 170.000. These laws and regulations are available on line, at www.mass.gov/dph/oems, at the State House Book Store and may be available at your local library.

(continued on reverse)
IMPORTANT EXAM DAY INFORMATION

Be punctual. You must bring the following with you:

- **POSITIVE PHOTO IDENTIFICATION.** Your identification must be a valid driver’s license, a recently issued valid passport or a Massachusetts Registry of Motor Vehicle’s I.D. card. **You will not be tested if you do not have a photo I.D. with you. The name on your I.D. must match the name on your exam application. Your I.D. must be readable with no distortion to the picture or the name.**

- A pen to use when filling out forms.

- You may also want to bring a lunch or snack with you to the exam.

You will not be admitted to the examination if you are carrying a weapon of any kind.

Do not bring any EMT textbooks, notebooks, skill sheets, personal digital assistants (PDAs), electronic devices of any kind, or other related materials to the examination.

Cell phones and pagers must be turned off while you are in the stations, the waiting area and the hallways.

Do not wear uniforms or other clothing that identifies you as a member of any group or organization.

Do not go to the examination if you are ill, incapacitated or injured. Persons with an injury, illness or who are in the third trimester of pregnancy must have a note from their physician that specifically allows the candidate to take part in an all day, hands on examination involving physical exertion. The Chief Examiner may refuse to allow you to take the examination without such a note from your physician.

**EXAMINATION RESULTS**

If you fail any portion of the psychomotor examination, you will receive a notice from DPH/OEMS. Included with this notice will be a retest application. There is a list of psychomotor exams on the NREMT website. You contact an accredited training institution to make an appointment for your psychomotor retest. Retest fees are set by the individual training institutions and will be paid directly to them.
PLEASE ENCLOSE A NON-REFUNDABLE FEE OF $150.00 AND MAKE ALL CHECKS PAYABLE TO:
COMMONWEALTH OF MASSACHUSETTS
Mail completed form, check and all required credentials to: Mass. Dept. of Public Health/Office of Emergency Medical Services, 99 Chauncy Street, 11th Floor, Boston, MA 02111

PLEASE PRINT LEGIBLY IN INK

NAME ________________________________________________________________________________________________
First                             Middle                             Last

MAILING ADDRESS ________________________________________________________________________________________

CITY ___________________________________________  STATE_________________  ZIP CODE __________________________

SOCIAL SECURITY NUMBER ____________________________________________________________ (SSN Required - M.G.L. Chapter 30A Sec. 13A)

DATE OF BIRTH (mm/dd/yy) ______________________________

DAYTIME TELEPHONE NUMBER ____________________________________________________________

PREVIOUS MA EMT #________________________________    REFRESHER COURSE #________________________

E-MAIL ADDRESS ____________________________________________________________

OPTIONAL INFORMATION

The following information is requested for statistical purposes. Please check the appropriate boxes.

SEX:  [ ] Male  [ ] Female

RACE:  [ ] White Non-Hispanic  [ ] Black Non-Hispanic  [ ] Hispanic  [ ] Asian or Pacific Islander

[ ] American Indian  [ ] Other:

EDUCATION:  [ ] Some High School  [ ] HS Grad or GED  [ ] Some College

[ ] Bachelors Degree  [ ] Graduate Degree

Attach a copy of both sides of your current BLS Healthcare provider card and your ACLS provider card to this application.

(DCONTINUED ON REVERSE)
PLEASE READ CAREFULLY AND ANSWER ALL OF THE FOLLOWING QUESTIONS

SUPPLEMENTAL INFORMATION

EMT Background

1. Have you previously applied to take the EMT examination (at any level) in Massachusetts or any other state or jurisdiction? If yes, when and where.

   ☐ YES ☐ NO

2. Have you previously applied for licensure (at any level) or taken the EMT examination under a different name in Massachusetts or any other state or jurisdiction? If yes, indicate the name and where.

   ☐ YES ☐ NO

3. Were you previously certified as an EMT (at any level) in Massachusetts or any other state or jurisdiction? If yes, indicate EMT number and where.

   ☐ YES ☐ NO

4. Was your certification, license, or ability to work as an EMT (at any level) ever restricted, suspended, revoked or voluntarily surrendered in Massachusetts or in any other state or jurisdiction (including, but not limited to, by the state, your employer, supervising physician, hospital, or region)?

   ☐ YES ☐ NO

5. If you are/were certified or licensed as any other type of health care provider, was your certification or license ever restricted, suspended, revoked or voluntarily surrendered in Massachusetts or any other state or jurisdiction?

   ☐ YES ☐ NO

Criminal History

6. Have you ever: a) been convicted of; b) entered a plea of guilty, nolo contendere, or no contest to; or, c) admitted to sufficient facts, in connection with a felony or misdemeanor in any jurisdiction, other than a minor traffic violation, even if the matter was continued without a finding or the court withheld adjudication so that you would not have a record or conviction? For purposes of this question, driving under the influence or driving while impaired is not a minor traffic violation.

   ☐ YES ☐ NO

If you answered yes to any of the questions above, attach a written explanation with supporting documentation

If you answered “yes” to question #6, you must submit a CORI Acknowledgement form (available on the OEMS website, at www.mass.gov/dph/oems), a copy of your current driver’s license or government-issued photo identification, and supporting documentation.

With regard to charges of criminal offenses, convictions, and disciplinary proceedings provide documentation, including, but not limited to, that which fully describes the offense, copies of relevant court documents or administrative proceedings, dispositions and current status.

NOTE: Your failure to answer any of the above referenced questions will result in the return of your application without action. Your failure to disclose relevant information may result in the denial or revocation of your certification.

CERTIFICATIONS AND AUTHORIZATIONS

1. I certify that I will fulfill my obligations to report abuse or neglect of children pursuant to M.G.L. c. 119, § 51A and to report abuse of elderly persons pursuant to c. 19A, § 15.

2. I certify that I have complied with the laws of the Commonwealth of Massachusetts relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.

3. I agree to abide by all rules and regulations of the Commonwealth of Massachusetts.

4. I agree to keep DPH/OEMS informed in writing of any name or address changes over the course of my certification period. I understand that the name and address on this application shall be deemed the appropriate name and address to which all notices from the Department of Public Health will be sent, unless I notify DPH/OEMS in writing of any changes.

5. I authorize DPH/OEMS and its staff to contact the Criminal History Systems Board for access to conviction and pending criminal case data, as well as to contact other agencies as may be necessary to verify information related to this application. As an applicant for certification or recertification or an EMT, I understand that a criminal history check may be conducted and that it will not automatically disqualify me.

6. I hereby certify that I meet all the criteria for certification as required by 105 CMR 170.000 et seq. Further, I certify under the penalty of perjury that the information contained in this application is correct and I acknowledge that any false, inaccurate, or omitted statement or document is grounds for denial, revocation or suspension of the certification which I am seeking to regain.

7. I hereby authorize DPH/OEMS to release my examination scores to the teaching institution/agency and the instructor.

Signature of applicant: _______________________________ Date: _____________________