



INITIAL APPLICATION FOR

MASSACHUSETTS ADVANCED EMT CERTIFICATION

HOLDING NREMT CERTIFICATION (WITH/WITHOUT STATE CERTIFICATION/LICENSURE)

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OVERVIEW

This form is for individuals applying for an Advanced EMT certification who are currently NREMT certified as an Advanced EMT. **If you currently hold (or have ever held) EMT certification/licensure in any other state (current or expired), then you must also complete the State Verification Form.** Your NREMT certification must be current and in good standing at the time of application and throughout your certification period.

MDPH/OEMS will review and verify your eligibility for certification. Only those candidates who meet **ALL** eligibility requirements will be eligible for certification. Applications will be returned to those candidates who are not eligible for certification. 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.

The initial application and non-refundable fee remain valid for 1 year from the date of receipt at MDPH/OEMS.

APPLICATION CHECKLIST

- | | |
|---|--|
| <input type="checkbox"/> APPLICATION | Completed application for Massachusetts certification as an Advanced EMT |
| <input type="checkbox"/> NON-REFUNDABLE FEE | Required Massachusetts certification fee, in the form of a check or money order for \$150, payable to the Commonwealth of Massachusetts. |
| <input type="checkbox"/> NREMT CARD | A copy of your current National Registry Advanced EMT certification card. |
| <input type="checkbox"/> CPR CARD | A copy of both sides of your current Basic Cardiac Life Support (BCLS) course or equivalent, provided by a nationally recognized organization and reflecting current cardiopulmonary resuscitation (CPR) and emergency cardiac care resuscitation science and treatment recommendations issued by the International Liaison Committee on Resuscitation (ILCOR)'s International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science With Treatment Recommendations (CoSTR). |
| <input type="checkbox"/> STATE VERIFICATION FORM | Only if you currently have (or have held) EMT certification/licensure in any other state. This form is available online and must be completed for any state in which you have (or held) EMT certification/licensure. Send this form to the State EMS office of question and they will return it directly to our office. |
| <input type="checkbox"/> CORI PACKET | Only if you answer "YES" to QUESTION 4 (criminal history). Form available at: www.mass.gov/dph/oems . |

Submit the **complete** application with your certification fee and required credentials to:

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
OFFICE OF EMERGENCY MEDICAL SERVICES
ATTN: CERTIFICATION
67 FOREST STREET
MARLBOROUGH MA 01752

Please check your application for completeness and legibility. If your application is incomplete or illegible, it will be returned to you and your certification will be delayed. Make sure you have provided all supporting documents, as applicable, based on your answers to the questions on the back of the application.

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 BookStore and may be available at your local library for your review.

AEMT**MASSACHUSETTS**
OFFICE OF EMERGENCY MEDICAL SERVICES
DEPARTMENT OF PUBLIC HEALTH**MDPH/OEMS FORM**
#200-20
08/2023**INITIAL APPLICATION FOR
MASSACHUSETTS ADVANCED EMT CERTIFICATION****HOLDING NREMT CERTIFICATION (WITH/WITHOUT STATE CERTIFICATION/LICENSURE)**

This form is for individuals applying for an Advanced EMT certification who are currently NREMT certified as an Advanced EMT. If you currently hold (or have ever held) **EMT certification/licensure in any other state (current or expired)**, then you must also complete the **State Verification Form**. Your NREMT certification must be current and in good standing at the time of application and throughout your certification period. The initial application and non-refundable fee remain valid for 1 year from the date of receipt at MDPH/OEMS.

NON-REFUNDABLE FEE: \$150.00 non-refundable check or money order made out to the COMMONWEALTH OF MASSACHUSETTS

SUBMIT TO: **MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH**
OFFICE OF EMERGENCY MEDICAL SERVICES
ATTN: CERTIFICATION
67 FOREST STREET
MARLBOROUGH MA 01752

PLEASE PRINT LEGIBLY IN BLACK OR BLUE INK**NAME:**

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FIRST

MIDDLE

LAST

MAILING ADDRESS:

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STREET

CITY

STATE

ZIP CODE

SOCIAL SECURITY NUMBER:

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(SSN required per M.G.L. Chapter 30A Sec. 13A)**DATE OF BIRTH** (mm/dd/yyyy):

--

TELEPHONE NUMBER:

--

EMAIL ADDRESS:

--

WHERE DID YOU TAKE YOUR AEMT COURSE?**AEMT TRAINING INSTITUTION:**

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MDPH/OEMS COURSE APPROVAL#:

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(MASSACHUSETTS COURSES ONLY)

DO YOU CURRENTLY HOLD (OR HAVE YOU EVER HELD) EMT CERTIFICATION/LICENSURE (AT ANY LEVEL) IN ANY OTHER STATE THAN MASSACHUSETTS?☐ **NO**☐ **YES (LIST ALL STATES):**

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Please note that you must submit a state verification form for every state in which you hold/have held EMT certification/licensure.
Form is available at mass.gov/dph/oems.

HAVE YOU PREVIOUSLY HELD MASSACHUSETTS EMT CERTIFICATION?☐ **NO**☐ **YES (LIST NUMBER):**

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OPTIONAL INFORMATION

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

RACE:	<input type="checkbox"/> White Non-Hispanic	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Iranian
	<input type="checkbox"/> Native American	<input type="checkbox"/> Asian	<input type="checkbox"/> Indian	<input type="checkbox"/> Arabic	<input type="checkbox"/> Other:
EDUCATION:	<input type="checkbox"/> Some High School	<input type="checkbox"/> HS Grad or GED	<input type="checkbox"/> Some College		
	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Graduate Degree			

(CONTINUED ON REVERSE)

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PLEASE READ CAREFULLY AND ANSWER ALL OF THE FOLLOWING QUESTIONS

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.

IF YOU ANSWER **YES** TO ANY OF THE QUESTIONS BELOW, **ATTACH A WRITTEN EXPLANATION** WITH SUPPORTING DOCUMENTATION

EMT BACKGROUND

1. Were you ever certified or licensed as an EMT (at any level) outside of Massachusetts, in another state or jurisdiction? ☐ YES ☐ NO
2. Were you ever certified or licensed as another type of health care provider in Massachusetts or any other state or jurisdiction? ☐ YES ☐ NO
3. Was your certification, license, or ability to work as an EMT (at any level) or another type of health care provider 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 or hospital)? ☐ YES ☐ NO

CRIMINAL HISTORY

4. 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, the following traffic violations are not minor: driving under the influence, reckless driving, driving to endanger, and motor vehicle homicide. ☐ YES ☐ NO

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.

If you answered "yes" to question #4, you must submit a CORI Acknowledgement form (available on the OEMS website, at www.mass.gov/dph/oems), **WITH** a copy of your current driver's license or government-issued photo identification, and supporting documentation.

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 authorize MDPH/OEMS to use my Social Security Number to verify certification and recertification status with the National Registry of EMTs.
5. I agree to keep MDPH/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 MDPH/OEMS in writing of any changes.
6. I authorize MDPH/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 as an EMT, I understand that a criminal history check may be conducted and that it will not automatically disqualify me.
7. 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 gain.

SIGNATURE OF APPLICANT:

DATE: