



REINSTATEMENT APPLICATION FOR

MASSACHUSETTS EMT-BASIC CERTIFICATION
(with or without previous NREMT certification)

**REINSTATEMENT APPLICATION FOR
MASSACHUSETTS EMT-BASIC CERTIFICATION****OVERVIEW**

This application is **only for candidates who held Massachusetts EMT-Basic certification** (with or without National Registry of EMTs certification) that has expired and are applying to reinstate their certification.

Prior to submitting this application, you must submit a application and all required documentation to the National Registry of EMTs (NREMT) and complete the cognitive examination. You must enter your NR AppID on your application as confirmation that this step has been completed.

EMTs whose Massachusetts certification has expired (with or without NREMT certification) are eligible for Reinstatement by first obtaining EMT certification from the NREMT. The entry requirements for a previously state licensed EMT who is applying for NREMT certification can be found on the NREMT website, at www.nremt.org. (Please contact the NREMT at 614-888-4484 regarding the application process.) Please also reference the Department's Administrative Requirement (AR) 2-248, available at <http://mass.gov/dph/oems>.

The NREMT requires that previously state licensed or certified EMTs applying for NREMT certification to complete specific education, take a cognitive examination and take a state approved psychomotor examination. In order to receive authorization to take the Department approved psychomotor exam, you must meet all of the requirements outlined in AR 2-248.

MDPH/OEMS will review and verify your eligibility for certification. Only those candidates who meet **ALL** eligibility requirements will be granted authorization to take the Massachusetts EMT-Basic psychomotor examination. 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.

APPLICATION CHECKLIST

- APPLICATION** Completed application for Massachusetts EMT-Basic Reinstatement.
- NON-REFUNDABLE FEE** Required Massachusetts certification fee, in the form of a check or money order for \$150, payable to the Commonwealth of Massachusetts.
- 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).
- CORI PACKET** **Only if you answer "YES" to QUESTION 4 (criminal history).** Form available at www.mass.gov/dph/oems. CORI Acknowledgement forms must be notarized and include the signature of a Notary Public with the notary stamp or seal (page 3).

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

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
OFFICE OF EMERGENCY MEDICAL SERVICES
ATTN: REINSTATEMENT
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 Book Store and may be available at your local library for your review.

EMT-B

MASSACHUSETTS
OFFICE OF EMERGENCY MEDICAL SERVICES
 DEPARTMENT OF PUBLIC HEALTH

DPH/OEMS FORM
#200-19
3/2022

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

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

PLEASE PRINT LEGIBLY IN BLACK OR BLUE INK

NAME:

FIRST	MIDDLE	LAST

MAILING ADDRESS:

STREET	CITY	STATE	ZIP CODE

SOCIAL SECURITY NUMBER: (SSN required per M.G.L. Chapter 30A Sec. 13A)

DATE OF BIRTH (mm/dd/yyyy): **TELEPHONE NUMBER:**

EMAIL ADDRESS:

MASSACHUSETTS EMT NUMBER:

NATIONAL REGISTRY APP ID NUMBER

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):**

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.

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			
SEX:	<input type="checkbox"/> Male	<input type="checkbox"/> Female			

(CONTINUED ON REVERSE)

**REINSTATEMENT APPLICATION FOR
MASSACHUSETTS EMT-BASIC CERTIFICATION****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). CORI Acknowledgement forms must be notarized and include the signature of a Notary Public with the notary stamp or seal (page 3).

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 share my name, social security number, and demographic information with the National Registry of EMTs for the purpose of verifying certification status.
5. 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.
6. 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 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 regain.

SIGNATURE OF APPLICANT:**DATE:**