



APPLICATION FOR

**TEMPORARY EMERGENCY MEDICAL TECHNICIAN  
CERTIFICATION (ALL LEVELS)**

**IN RESPONSE TO COVID-19 ORDER TO MAXIMIZE HEALTH CARE PROVIDER AVAILABILITY**



**APPLICATION FOR  
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**OVERVIEW**

In accordance with Governor Baker’s declared State of Emergency in the Commonwealth to respond to COVID-19, the Commissioner of Public Health has ordered that certain health care providers certified in other states, or previously holding Massachusetts certification may apply and be issued temporary certifications to practice in Massachusetts.

MDPH/OEMS will review and verify your eligibility for certification. Only those candidates who meet **ALL** eligibility requirements will be eligible for this temporary 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 the information presented is accurate to the best of your knowledge.

There is no fee for this application or temporary certification. Current National Registry of EMTs (NREMT) certification is NOT required.

At the expiration of the temporary period, certifications issued under this order will no longer be valid. Individuals who were given temporary EMT certification who then wish to become fully EMT certified must follow the standard process and meet all requirements for certification.

**ELIGIBILITY:**

In accordance with the March 29, 2020 order maximizing health care provider availability, the Department may issue certification to:

- Health care providers who are **currently** licensed/certified in another state in good standing, upon verification the other state’s credential is in good standing; **OR**
- Individuals who have held Massachusetts EMT certification previously, which has expired **within the past ten years**.

**APPLICATION CHECKLIST**

- APPLICATION** Completed application for Massachusetts certification as an EMT-Paramedic.
- CPR CARD** A copy of **both sides** of your current Basic Cardiac Life Support (**BCLS**) card 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 standards. Course must include in person-hands on skills evaluation. Credentials that expired on or after February 1, 2020 are deemed current through July 1, 2020
- ACLS CARD (FOR PARAMEDICS)** A copy of **both sides** of your current Advanced Cardiac Life Support (**ACLS**) card 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 standards. Course must include in person-hands on skills evaluation. Credentials that expired on or after February 1, 2020 are deemed current through July 1, 2020.
- STATE VERIFICATION FORM** **Only if you have current or expired EMS certification 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 (at any level). Send this form to the State EMS office of question and they will return it directly to our office.
- CORI PACKET** **Only if you answer “YES” to QUESTION 4 (criminal history).** Form available at [mass.gov/dph/oems](http://mass.gov/dph/oems).

**Submit the complete application with your required credentials to:**  
**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH**  
 OFFICE OF EMERGENCY MEDICAL SERVICES, ATTN: CERTIFICATION  
 67 FOREST STREET  
 MARLBOROUGH MA 01752

OR via FAX to: **(617) 753-7320**

**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 [mass.gov/dph/oems](http://mass.gov/dph/oems), at the State House Book Store and may be available at your local library for your review.



**APPLICATION FOR**  
**TEMPORARY EMT CERTIFICATION (ALL LEVELS)**

**IN RESPONSE TO COVID-19 ORDER TO MAXIMIZE HEALTH CARE PROVIDER AVAILABILITY**

This form is for individuals applying for temporary certification as an EMT (at any level), in accordance with the COVID-19 declared state of emergency. **If you currently hold (or have ever held) EMT certification/licensure in any other state (current or expired), then you must complete the State Verification Form.**

**SUBMIT TO:** MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH  
 OFFICE OF EMERGENCY MEDICAL SERVICES  
 CERTIFICATION  
 67 FOREST STREET  
 MARLBOROUGH MA 01752  
 Or VIA FAX: 617-753-7320

**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:**

**NATIONAL REGISTRY NUMBER (if held):**

**DO YOU CURRENTLY HOLD (OR HAVE YOU EVER HELD) EMT CERTIFICATION/LICENSURE (AT ANY LEVEL) IN ANY OTHER STATE BESIDES 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](http://mass.gov/dph/oems).

**HAVE YOU PREVIOUSLY HELD MASSACHUSETTS EMT CERTIFICATION?**

**NO**       **YES (LIST NUMBER):**       **EXPIRATION DATE:**

**LEVEL OF APPLICATION:**

**EMT BASIC**

**ADVANCED EMT**

**EMT PARAMEDIC**

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

<b>RACE:</b>	<input type="checkbox"/> White Non-Hispanic	<input type="checkbox"/> Black Non-Hispanic	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian or Pacific Islander
	<input type="checkbox"/> American Indian	<input type="checkbox"/> Other:		
<b>EDUCATION:</b>	<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		
<b>SEX:</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female		

**(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, driving under the influence or driving while impaired is not a minor traffic violation.  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](http://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 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.
5. 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.
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.

**SIGNATURE OF APPLICANT:**  **DATE:**