GENERAL INSTRUCTIONS FOR ALL LEVELS

An individual can file an application for licensure as a MFR, EMT, EMT-Specialist or Paramedic at any time after course completion. The application will not be complete until the State has verification from the National Registry that the applicant has passed both the written and practical exams (MFR’s need the written only) and verification of your course completion must be received from your Education Program Sponsor or an out of state licensing agency. Applications must be received within two years from course completion.

Once licensed by the State of Michigan, it is not necessary to retain the National Registry certification for license renewal or re-licensure. Michigan uses the National Registry for examination purposes only. Once you are licensed all licensees will be required to complete the continuing education mandated by the State. Being Nationally Registered does not exempt you from complying with the continuing education requirements for renewal of your Michigan license.

You must be at least 18 years of age to make application.

Mark the box on the application to determine if you are applying by exam (Michigan course), exam (out-of-state course), reciprocity/endorsement (currently licensed in another state), or National Registry status only (not licensed in another state).

Mark the box for the appropriate level of license for which you are applying and be sure to submit the correct fee for that level. All fees are non refundable. Specific instructions for each level are given below.

Failure to complete the application in its entirety and correctly may result in a delay of your application being processed for licensure. This is a two-page application. Be sure to complete both pages/sides before submitting and sign and date your application.

Volunteer Agency Employees: Applicants that work for a volunteer licensed Michigan Life Support Agency (those that do not charge for their services) are eligible for fee exemption. Please call the telephone number above and ask for the “Volunteer Agency Fee Exempt Form”. (BHPPA/EMS-144)

APPLYING BY EXAM - those who completed A MICHIGAN approved education course. Education must have been successfully completed within the last two (2) years.

1. Complete the two (2) page application form and submit it with the appropriate fee to the EMS & Trauma Systems Section within two years of course completion. Application fees are non-refundable.

2. Enter your education program sponsor’s name and date of course completion.

3. If you have a yes answer to question number 1 or 2 on page 2 of the application, be sure to enclose a criminal conviction form DCH-HLD-002 (7/04) or signed explanation including offense, dates, location and other pertinent information.

4. Question 3 asks for any MICHIGAN EMS or any other State EMS license number that you have previously held. If you have ever been licensed in another state, whether it is current or expired, forward a Verification of Out-of-State Licensure Form (BHPPA/EMS-251) to the licensing agency in each state for their completion and submission directly to this office. National Registry is not a state; therefore, do not send this form to the National Registry.

5. If you have completed your EMS education in Michigan, exam results are verified by the State. Applicant should not submit exam results.
APPLYING BY EXAM – those that have completed a course in another state but did not obtain a license must successfully complete the National Registry exam. Education must have been successfully completed within the last two (2) years in another state.

1. Complete the two (2) page application form and submit it with the appropriate fee to the EMS & Trauma Systems Section within two years of course completion. Application fees are non-refundable.

2. Enter the name and location of the educational program where you successfully completed your EMS education.

3. Complete section 1 of the Verification of Out-of-state EMS Education Program form (BHPPA/EMS-700) and forward it to your educational program for their completion. Request them to submit the verification form directly to this office. Your program sponsor must also attach a copy of the course curriculum (topic outline and hours) for review to ensure it meets Michigan education requirements. If it is deemed to be deficient in any area you may be required to obtain additional education as determined by the Department

4. If you have a yes answer to question number 1 or 2 on page 2 of the application, be sure to enclose a criminal conviction form DCH-HLD-002 (7/04) or signed explanation including offense, dates, location and other pertinent information.

5. Question 3 asks for any EMS license at any level in any state that you have previously held. If you have ever been licensed in any state, whether it is current or expired, forward a Verification of Out-of-State Licensure Form (BHPPA/EMS-251) to the licensing agency in each state for their completion and submission directly to this office. National Registry is not a state; therefore, do not send this form to the National Registry.

6. National Registry exam results are verified by the State. Applicant should not submit exam results.

APPLYING BY RECIPROCITY/ENDORSEMENT - You can apply by reciprocity/endorsement if you are currently licensed in another state and have successfully completed the National Registry exam.

1. Complete the two (2) page application form and submit it with the appropriate fee to the EMS & Trauma Systems Section. Application fees are non-refundable.

2. After completing Part 1 of the Verification of Out-of-State Licensure Form (BHPPA/EMS-251), submit to the licensing agency in each state that you are currently licensed in and to any other state that you have ever been licensed for their completion and submission directly to this office. That agency must complete the form in its entirety marking the appropriate boxes for the level of licensure they are verifying. This form is not to be sent to the National Registry.

3. Verification that you were once certified by the National Registry at the level you are applying for is obtained by the State. Applicant should not submit exam results.

APPLYING BY NATIONAL REGISTRY STATUS ONLY - those who are not currently licensed in another State but are currently National Registered and have exceeded two (2) years from course completion.

1. Complete the two (2) page application form and submit it with the appropriate fee to the EMS & Trauma Systems Section. Application fees are non-refundable.

2. With your application submit the copies of certificates or other acceptable documentation of continuing education credits and a copy of your current CPR card (front and back). Your continuing education must meet the following:

   MFR – 15 Michigan required credits
   EMT - 30 Michigan required credits; 42 additional credits in any EMS category
   EMT-S – 36 Michigan required credits; 36 additional credits in any EMS category
   Paramedic – 45 Michigan required credits; 27 additional credits in any EMS category; ACLS

Michigan continuing education requirements are outlined on the Continuing Education Personnel Record form BHPPA/EMS-127 available at www.michigan.gov/ems.
TO APPLY FOR THE NATIONAL REGISTRY EXAM

Applications for the National Registry written exam are done online at www.nremt.org. Once you have completed the application process you will be prompted to make arrangements to schedule a computer based test.

Applications for the Michigan EMT practical and National Registry advanced practical examinations can be requested from one of the following agencies:

<table>
<thead>
<tr>
<th>Lower Peninsula Testing</th>
<th>Upper Peninsula Testing</th>
</tr>
</thead>
<tbody>
<tr>
<td>SWM SYSTEMS, INC.</td>
<td>UP EMS</td>
</tr>
<tr>
<td>5555 Gull Road, Suite 307</td>
<td>2803 U.S. Hwy 41 W</td>
</tr>
<tr>
<td>Kalamazoo, MI 49001</td>
<td>Marquette, MI 49855</td>
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<tr>
<td>(269) 385-2806</td>
<td>(906) 228-4182</td>
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Complete the appropriate exam reservation form. Send the form and exam administration fees to either of the above agencies.

LICENSING AT A LOWER LEVEL

A paramedic, EMT-Specialist, or EMT holding an active license (current or within 60 day grace period) may qualify to apply for licensure at a lower level. Complete the application form for a new license, checking the box for the lower level you wish to apply for. Submit along with the fee to the EMS & Trauma Systems Section with verification of having earned the required continuing education for that level as if the individual were merely renewing their license at the lower level and a copy of your current CPR card.

With your application submit the copies of certificates or other acceptable documentation of continuing education credits and a copy of your current CPR card (front and back). Refer to EMS Personnel Continuing Education Form BHPPA/EMS-127 for category and lecture/practical requirements which can be found at www.michigan.gov/ems.
APPLICATION FOR LICENSURE
Authority: Public Act 368 of 1978, as mended.
If this form is not complete a license will not be issued.

Type or Print Only

I AM APPLYING BY: (see instructions)
- Exam (Michigan course completion within 2 years)
- Exam (Out-of-State course completion within 2 years)
- Reciprocity/Endorsement (Currently licensed in another state)
- National Registry Status only (Does not meet any of the above options however currently registered with the NREMT)

I AM APPLYING FOR THE FOLLOWING (Check ONE only)
- Medical First Responder: No fee required
- Emergency Medical Technician (Basic) – Fee: $40.00 71-3203-01
- EMT-Specialist (NR-Intermediate 85) – Fee $60.00 71-3202-01
- Paramedic – Fee: $80.00 71-3201-01

Your check or money order drawn on a U.S. financial institution and made payable to the STATE OF MICHIGAN must accompany this application. DO NOT SEND CASH. Fees are deposited upon receipt and are NON-REFUNDABLE.

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<th>U.S. Social Security Number</th>
<th>Date of Birth</th>
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<th>City</th>
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<th>All Previous Names and/or Birth Name Used (If Applicable)</th>
<th>Daytime Phone Number</th>
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EDUCATION INFORMATION:

<table>
<thead>
<tr>
<th>Education Program Sponsor (Name and Location)</th>
<th>Date of Course Completion</th>
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NATIONAL REGISTRY EXAM INFORMATION (Instructor Coordinators do not complete):

<table>
<thead>
<tr>
<th>Date you passed the Michigan or National Registry PRACTICAL Exam</th>
<th>Date you passed the National Registry WRITTEN Exam</th>
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</thead>
</table>
Check the appropriate answer to each of the following questions.

1. Have you been convicted of a misdemeanor or felony, other than minor traffic violations?  
   NOTE: Attach a detailed explanation or criminal conviction form DCH-HLD-002 (7/04) for a Yes answer
   ☐ Yes ☐ No

2. Have you ever had a federal or state health professional license or registration revoked, suspended, or otherwise disciplined, been denied a license or currently have disciplinary action pending against you?  
   NOTE: Attach a detailed explanation for a Yes answer
   ☐ Yes ☐ No

3. Do you hold, or have you ever held an emergency medical services license in any state?  
   List each state, including Michigan, the license number, and the date issued. For states other than Michigan you must have each state’s licensing agency verify licensure directly to this office. (Attach additional sheets, if necessary)
   ☐ Yes ☐ No

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<tr>
<th>State</th>
<th>License/Registration Number</th>
<th>Date of Issue</th>
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CERTIFICATION

I certify that I am the person named on this application and that all statements are true. I understand that my Education Program Sponsor shall be made aware of my examination results. Once licensed, I will comply with all applicable state laws and rules.

I understand that it is the policy of this agency to secure criminal conviction history as part of the pre-licensure screening process, and I authorize the agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record keeping organization.

I further consent to the release of information to this agency regarding any discipline investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state of the United States, military branch of the federal government or any sovereign nation.

The statements in this application are true and correct. I have not withheld information which might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation may be punishable by law.

Signature | Date
---|---

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

www.michigan.gov/ems
VERIFICATION OF OUT-OF-STATE LICENSURE

Authority: Public Act 368 of 1978, as mended.

PART I – To be completed by the applicant and forwarded to the appropriate State Licensing Agency for completion.

Please indicate the level of licensure for which you are requesting verification:

- Medical First Responder
- Emergency Medical Technician
- EMT-Specialist/Intermediate 85
- Paramedic

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<tr>
<th>All Previous Names and/or Birth Names Used (if applicable)</th>
<th>Date of Birth</th>
<th>Social Security Number</th>
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<tr>
<th>State Agency</th>
<th>License Number</th>
<th>Date of Issue</th>
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The applicant named above has applied for licensure in Michigan and has indicated licensure in your state. Please complete Part II of this form and return it to the address shown above. (Must be received with original signature, faxed copies are not accepted)

PART II – To be completed by the State Licensing Agency

<table>
<thead>
<tr>
<th>License Type</th>
<th>License Status</th>
<th>Expiration Date</th>
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<td>Current</td>
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<td>Lapsed</td>
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<td>Inactive</td>
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Has the applicant incurred and disciplinary proceedings in your State?

- No
- Yes (If yes, please attach certified copies of any actions.)

Are disciplinary proceedings pending?

- No
- Yes

Has the applicant's license ever been limited, denied, surrendered, reprimanded, suspended, or revoked?

- No
- Yes (If yes, please attach certified copies of any actions.)

If applying for MFR, Did the applicant's training include the following:

- Spinal Immobilization

If applying for EMT, Did the applicant's training include the following?

- Double lumen airway

If applying for EMT Specialist (Intermediate 85), Did the applicant's training include the following (check the appropriate box(es))?

- IV Therapy (fluid replacement only)
- Endotracheal intubation
- Double lumen airway

If applying for Paramedic, Did the applicant's training include (check the appropriate box(es))?

- IV Therapy
- Medication administration
- Endotracheal intubation
- Manual defibrillation

If this person is currently licensed as an EMT Specialist (Intermediate 85) or Paramedic, do they currently hold or have they held in the past, certification/licensure at the EMT level?

- No
- Yes

CERTIFICATION

I hereby certify that, to the best of my knowledge, the information above is true to the records of this Board.

Signature: __________________________ Date: __________________________

Type or Print Name: __________________________ Title: __________________________

Name of Licensing Agency: __________________________

Phone Number: __________________________

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

www.michigan.gov/ems
## SECTION I – APPLICANT INFORMATION

Instructions: Applicant complete Section I of this form if you have completed a program in the last 2 years but have not been issued a license by another state agency. Type or print your name exactly as it appears on your application. Send this form to the Program Administrator of your EMS program for completion of Section II and then have the Administrator send it directly to the Emergency Medical Services Personnel office at the address given above.

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## SECTION II – CERTIFICATION OF EMS EDUCATION PROGRAM

Instructions: Instructor complete Section II and return it, with a copy of the course curriculum, directly to the Emergency Medical Services Personnel office at the address given above.

<table>
<thead>
<tr>
<th>Name of Educational Facility</th>
<th>Telephone Number</th>
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<tr>
<th>Street Address of Facility</th>
<th>City, State and ZIP Code</th>
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<th>Level of Education</th>
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<tr>
<td>MFR</td>
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<tr>
<th>Course Completion Date</th>
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Has the applicant incurred and disciplinary proceedings in your State?  
☐ No  ☐ Yes (If yes, please attach certified copies of any actions.)

Are disciplinary proceedings pending?  
☐ No  ☐ Yes

MFR Did the applicant’s training include the following:  
☐ Spinal Immobilization

EMT Did the applicant’s training include the following:  
☐ Double lumen airway

EMT Specialist (Intermediate 85) Did the applicant’s training include the following (check the appropriate box(es))?:  
☐ IV Therapy (fluid replacement only)  ☐ Endotracheal intubation  ☐ Double lumen airway

Paramedic Did the applicant’s training include (check the appropriate box(es))?:  
☐ IV Therapy  ☐ Medication administration  ☐ Endotracheal intubation  ☐ Manual defibrillation

If this person is currently licensed as an EMT Specialist (Intermediate 85) or Paramedic, do they currently hold or have they held in the past, certification/licensure at the EMT level?  
☐ No  ☐ Yes

I hereby certify that ___________________________________________ completed all requirements for a  
______________________________________________________ on  ____________________________________________________

Level Earned                                                                                                  Month / Day / Year

______________________________________________________  _____________________________________________________

Signature                                                                                                                  Date

______________________________________________________  _____________________________________________________

Type or Print Name                                                                                                  Title

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