Government of the District of Columbia – Department of Health

Advanced EMT Application

General Instructions

- To ensure faster processing, please make sure the application is complete and all required documents are attached.
- It is the responsibility of the sponsoring EMS Agency to sign the application verifying the applicant is a member and authorized provider with the agency.
- All inquiries about the status of the application should be through the applicant's sponsoring EMS agency.
- Certification requirements are subject to change as a result of new legislation, new rules and regulations, or new policies and procedures adopted by the Department of Health. **Applicants must meet all certification requirements in force as of the time of their application.**
- Please remit the application fee by certified check or money order payable to "DC Treasurer" in United States dollars. The fee which accompanies an application covers the cost of reviewing and processing that specific application. ***It Cannot Be Refunded Even If The Applicant Is Found To Be Ineligible For Certification.***

Initial Certification Documentation

- You must be at least 18 years of age.
- Initial applications are to be completed by those applicants who have completed a certification course approved by the District of Columbia Department of Health.
- The application must include a copy of the certificate of completion from the certification course.
- Copies of National Registry AEMT (or greater) and CPR certification cards must accompany the application.
- Initial certification fee is $75.00.

Out of State Certification and Documentation

- An applicant must hold a current, valid license or certification in a United States state or territory, which maintains certification/licensing standards at least equal to the District of Columbia's standards.
- Copies of National Registry AEMT (or greater) and CPR certification cards must accompany the application.
- A copy of the "Advanced Life Support – Verification of Certification" form, with only the top section completed.
- ***If you have only a military certification and no other state certification, include the following***
    - A copy of your DD Form 214
    - A copy of the "Advanced Life Support – Verification of Military Certification" form, with only the top section completed.
- Reciprocity certification fee is $80.00.

Certification Renewal Documentation

- You must be currently certified as an AEMT in the District of Columbia in order to apply for renewal
- Copies of your current, valid National Registry AEMT (or greater) and CPR certification cards must accompany the application.
- **In order to ensure that you receive your new certification card before your current card expires, please submit your application package to the Department of Health no later than 45-days prior to your current certification expiration date.**
- Certification renewal fee is $30.00

Submit Application to

District of Columbia Department of Health
Health Emergency Preparedness and Response Administration
ALS Certifications
55 'M' Street, SE
Suite 300
Washington, DC 20003
202-671-4222

Government of the District of Columbia – Department of Health

Advanced EMT Application

Personal Information

☐ Renewal of Certification ☐ Initial Certification ☐ Reciprocity Application ☐ Reinstatement

Last Name: _____ First Name: _____ MI: _____ Gender: _____

Other Names Used: _____ SSN# ____-____-_____ Birth date: _____ / _____ / _____

Address: _____ Apt #_____

City, State, ZIP Code: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

E-Mail: _____

Sponsoring EMS Agency:_____ ☐ Inactive

Required Certifications

Certification	Expiration	Training Agency	Level	Number
NREMT	3/31/	*Initial Cert Only*		
CPR (Course C)				

Work Experience

List all work experience as an EMS provider for the past ten years *Dates (From/To)*

_____

_____

_____

Professional History

1. Do you now hold, or have you ever held a health professional license/certification? **Yes** ☐ **No** ☐
   If your answer is "Yes", answer questions 2 & 3 and follow the directions below.

2. Has any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction limited, restricted, suspended or revoked any health professional license, certificate, or registration granted to you, or imposed a fine or reprimand, or taken any other disciplinary action against you? **Yes** ☐ **No** ☐

3. Have you ever, in anticipation of or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any health professional license, certificate or registration issued to you by any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction? **Yes** ☐ **No** ☐

If your answer is "Yes" to question 2 and/or 3, please give full details, names, addresses, etc., on a separate statement.

4. Have you ever been found guilty or convicted, in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, as a result of any offense involving assault, abuse, criminal negligence, dishonesty, theft, fraud, or false statements? Have you ever been found guilty or convicted, in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, as a result of any offense involving an illegal act related to the performance of EMS duties or the operation of an EMS agency, vehicle or facility, or of any other violation of the public trust? **Yes** ☐ **No** ☐

   If your answer is "Yes" please give full details, names, addresses, etc. on a separate statement and furnish a Certified Court Copy (with court seal affixed) of the case record, including the charging document, the plea or verdict and the sentence or disposition.

5. Do you owe the District of Columbia more than $100 in outstanding fines, penalties, or interest assessed pursuant to any of the following:
   a. Litter Control Administrative Act of 1985 (D.C. Official Code § 8-801 et seq.);
   b. Illegal Dumping Enforcement Act of 1994 (D.C. Official Code § 8-901 et seq.);
   c. District of Columbia Traffic Adjudication Act of 1978 (D.C. Official Code § 50-2301.01 et seq.);
   d. Department of Consumer and Regulatory Affairs Civil Infractions Act of 1985 (D.C. Official Code § 2-1801.01 et seq.);
   e. District of Columbia Taxicab Commission Establishment Act of 1985 (D.C. Official Code § 50-301 et seq.);
   f. Compulsory/No-Fault Motor Vehicle Insurance Act of 1982 (D.C. Official Code §31-2401 et seq.);
   g. Fines assessed to car dealers pursuant to section 2(i) of the District of Columbia Revenue Act of 1937 (D.C. Official Code § 50-1501.02(i)); or

   Do you owe the District of Columbia more than $100 in past due Water and Sewer Authority service charges or fees, or past due taxes? **Yes** ☐ **No** ☐

   If your answer to one or more of the above is "Yes", have you properly and timely appealed the infraction, assessment, tax, or basis for the alleged debt and is the appeal still pending, or have you and the District government agreed to a payment schedule to eliminate the outstanding debt and are you complying with the payment schedule? Please explain, and provide copies of all supporting documents.

Certification

I hereby certify that the information contained within this application is true and complete to the best of my knowledge and belief. I understand and acknowledge that the making of a false statement in connection with this application is punishable by criminal penalties, and may also subject me to civil penalties and to the denial or termination of my certification. I understand that DOH may use the information supplied to perform a criminal background check. I agree to surrender my certification card to DOH within 30-days upon separation from my sponsoring EMS agency.

_____ _____

Signature of the Applicant *Date*

As Physician Medical Director I do hereby affix my signature attesting that the applicant named above is a member of the organization named above and is currently authorized as a provider with this organization. They currently demonstrate competence in all the skills outlined by the NREMT at the level for which the applicant is certified, as well as any additional skills included in this organization's protocols. I further agree to ensure that all training for the purposes of continuing certification shall include verification of competency in emergency medical care knowledge, patient evaluation, and documentation of patient care, in accordance with the Quality Assurance & Improvement Plan as approved and on file with the DC Department of Health.

_____ _____

Signature of the Medical Director *Date*

This application and all required documentation must be submitted to the Department of Health, Health Emergency Preparedness & Response Administration. The appropriate fee must be made payable to "DC Treasurer".

Important: This application packet consist of 3 pages, including instructions and eligibility requirements. Do not submit the application unless you have read and understood all pertinent information.