



MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
OFFICE OF EMERGENCY MEDICAL SERVICES

OEMS Form 300-3
7/2006

RECERTIFICATION APPLICATION
ADVANCED EMERGENCY MEDICAL TECHNICIAN
For EMT Certificates Expiring April 1, 2007

A

RECERTIFICATION DEADLINES

- DECEMBER 31, 2006** Deadline for **completion of all recertification educational requirements:**
Intermediate: a 30-hour EMT-Intermediate Refresher (or a 24-hour Basic-EMT Refresher and a 12-hour Intermediate Add-On Refresher) **and** 28 hours of continuing education.
Paramedic: a 48-hour EMT-Paramedic Refresher and 25 hours of continuing education.
- JANUARY 31, 2007** Deadline for **filing a complete recertification application and \$150.00 fee.** Application and fee must be filed together. The \$150.00 fee is **non-refundable** and must be payable to: **Commonwealth of Massachusetts.** A personal check, bank check or money order is acceptable. Please do not send cash.
- APRIL 1, 2007** Expiration date for EMT certification, unless deadlines above have been met.

Enter all data then print and sign this form. We cannot accept faxed or emailed applications. Mail along with the fee to:

DEPARTMENT OF PUBLIC HEALTH
OFFICE OF EMERGENCY MEDICAL SERVICES
2 BOYLSTON STREET, 3rd FLOOR
BOSTON, MA 02116

NOTE: To move between form fields, press Tab. To return to a previous field, use Shift-Tab.

EMT NUMBER	LEVEL OF CERTIFICATION <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> PARAMEDIC <input type="checkbox"/> ADVANCED EMT APPLYING TO RECERTIFY AT EMT-BASIC LEVEL		
FIRST NAME	MIDDLE INITIAL	LAST NAME	
MAILING ADDRESS or P.O. BOX			
CITY	STATE	ZIP CODE (5 or 9 digits)	
SOCIAL SEC. NO. (Required - M.G.L. Chapter 30A Section 13A)			
DAYTIME TELEPHONE NUMBER		DATE OF BIRTH (MM/DD/YYYY)	
EMAIL ADDRESS @			

Please list where you work as an EMT:

Check if name, address, email, or phone number has changed. **For name change please attach copy of legal documentation.**

Previous Information:

--

OPTIONAL INFORMATION

The following information is requested for statistical purposes and will be held strictly confidential. Please check the appropriate boxes.

RACE:	<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:		
EDUCATION:	<input type="checkbox"/> Some High School	<input type="checkbox"/> HS Grad or GED	<input type="checkbox"/> Some College	
	<input type="checkbox"/> Bachelors Degree	<input type="checkbox"/> Graduate Degree		
GENDER:	<input type="checkbox"/> Male	<input type="checkbox"/> Female		

You can check your EMT continuing education credit hours on file or download a list of refresher and continuing education classes on the OEMS Website: <http://www.mass.gov/dph/oems>

CONTINUED ON NEXT PAGE

PLEASE READ CAREFULLY AND ANSWER ALL OF THE FOLLOWING QUESTIONS

SUPPLEMENTAL INFORMATION

EMT Background

1. Was your certification, license, or ability to work as an EMT (at any level) ever restricted, suspended or revoked in Massachusetts or in any other state or jurisdiction (including, but not limited to, by the state, your employer, supervising physician, hospital, or region)? YES NO
2. a) Were you ever certified or licensed as any other type of health care provider? YES NO
b) If Yes, was your certification or license ever restricted, suspended or revoked in Massachusetts or any other state or jurisdiction? YES NO

Criminal History

3. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a minor traffic violation¹ for which a fine of less than \$1,000.00 was assessed (conviction includes a guilty plea or admission to sufficient facts)? YES NO

Confidential Medical Information

4. Do you currently have any physical, mental, or medical condition which in any way limits or impairs your ability to function as an EMT? YES NO
5. Within the past two years, have you engaged in the use of illegal drugs or the misuse of prescription drugs? YES NO

*If you answered **yes** to any of the questions above, attach a written explanation **with supporting documentation**. 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.*

NOTE: 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.

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 agree to abide by all rules and regulations of the Commonwealth of Massachusetts.
3. I agree to keep 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 the Department in writing of any changes.
4. I authorize the Office of Emergency Medical Services 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.
5. 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 for which I am applying

Signature of applicant: _____

Date: _____

¹ The following traffic violations are not minor and must be reported: conviction for driving under the influence, reckless driving, driving to endanger, and motor vehicle homicide.