Application for Emergency Medical Technician

Instructions:

1. Please type or print clearly
2. Complete all items below that pertain to the type of certification you are requesting
3. You will be notified by mail after the Indiana Department of Homeland Security has reviewed your application
4. After completion, send the original to:

Indiana Department of Homeland Security
302 W. Washington St., Rm E239
Indianapolis, IN 46204-2721

Pursuant to Indiana Code 16-31, the EMS Commission requires the completion of each item on this form. Failure to complete any time will result in this form being returned. Upon submission, this form becomes a public record. ***BOTH MISREPRESENTATION OF INFORMATION PROVIDED ON THIS FORM AND FAILURE TO COMPLY AND MAINTAIN COMPLIANCE WITH ANY APPLICABLE STANDARDS OR REQUIREMENTS ARE CAUSES FOR SUSPENSION OR REVOCATION OF YOUR CERTIFICATION.***

Applicants Name (last, first, middle)	Birthdate (mm/dd/yyyy)	Telephone Number
Address (number and street, city, state, Zip code)		County of Residence
Please Enter Your Driver's License or State Identification Number Here:		
Have you ever been charged or convicted of a crime other than minor traffic violations? ☐ Yes ☐ No If yes, have you previously reported the details of this crime/crimes to the Indiana Department of Homeland Security? ☐ Yes ☐ No		
You will receive a notice letter notifying you of information required.		

Application for _____ Initial Certification _____ Certification ThroughReciprocity/Waiver _____ Certification for Physicians

Basic EMT Training Course No.	Initial Certification Completion Date	Training Institution

Certification Provided Through Reciprocity/Waiver		
State/Organization where training was obtained:	Certification Number	Expiration Date

Certification for Physicians
Do you posses a valid unlimited license to practice medicine in the State of Indiana, and do you lead an active role in the delivery of emergency care in an emergency medical services facility approved by the state to provide such care?
Yes _____ (If yes, indicate name of facility) No _____

Applicants Signature Required	
I hereby swear and affirm that I am the person named above and that I will comply with all state laws governing this type of certification and that the statements contained herein are true.	
Signature of Applicant	Date

For Office Use Only			
Certificate Number	Date Received	Effective Date	Expiration Date