



# Emergency Medical Responder (EMR) License Reinstatement Application

## Idaho Emergency Medical Services Bureau



Send completed form to Idaho EMS Bureau, PO Box 83720, Boise, ID 83720-0036 or  
Fax to 208-334-4015

**Completion checklist:**  Applicant Signature  Affiliating Agency Official Signature  Completed Education Record  Transition Application

### Applicant Information:

Name \_\_\_\_\_  
Last Name First Name Middle Name/Initial

Social Security # \_\_\_\_\_ - - Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Drivers License # \_\_\_\_\_ DL State \_\_\_\_\_

Circle the highest level of education: GED High School Diploma College: 1 2 3 4 5 6 7 8 Gender  F  M

Mailing Address \_\_\_\_\_  
City State Zip County

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

E-Mail Address \_\_\_\_\_

### Affiliation:

Qualifying Agency Name \_\_\_\_\_ Agency License # \_\_\_\_\_

Check all circumstances in which you will use this certification: Volunteer  True  Compensated Career  Full Time  Part Time

Agency Chief/Director/President \_\_\_\_\_  
Signature Printed Name

Additional Licensed EMS Affiliations: \_\_\_\_\_

Check all circumstances in which you will use this certification: Volunteer  True  Compensated Career  Full Time  Part Time

### Applicant Signature:

I hereby affirm the information herein is true and correct, and that I meet all requirements for EMS licensure as established by the State of Idaho.

Signature of Applicant \_\_\_\_\_ Date signed \_\_\_\_\_

### For Bureau Use Only

Received in Bureau

**EMERGENCY MEDICAL RESPONDER (EMR)**

**Applicant Name:** \_\_\_\_\_

**License REINSTATEMENT Education Record for EMR lapsed licenses with effective date before July 2011**

Lapsed license effective & expiration dates: \_\_\_\_\_

All license reinstatement requirements must be completed and reinstatement applied for within 24 months of lapsed license expiration date.

**A. First Responder/EMR Reinstatement**

- Successfully complete the NREMT EMR Assessment (written) exam. Date Complete \_\_\_\_\_
- Complete 6 hours of continuing education
- PLUS** 10 minutes additional continuing education for each month lapsed.

*Since you must take the assessment exam to reinstate and it replaces the need for a refresher course in the standards manual in effect at the time of your effective date, any hours acquired during a refresher course may be counted towards your total number of continuing education hours needed.*

**B. Additional Continuing Education**

- Landing Zone Officer training (required if your license expired **after** 09/30/10)

**C.  EMR Transition Course Completion is required for reinstatement if effective date of lapsed license was 10/2008 or later. These hours count towards total number of continuing education hours needed.**

**Continuing Education (6 hours PLUS 10 minutes for each month lapsed)**

Course Topic	Instructor	Date	Hours	Course Topic	Instructor	Date	Hours
CPR Proficiency One and Two Rescuer Adult/Child/Infant				Landing Zone Officer			
<b>Total</b>				<b>Total</b>			

