



Emergency Medical Technician (EMT) 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

Required: Applicant Signature Affiliating Agency Official Signature Skills Verification Signature (Medical Director or Designee)
 Completed Education Record Transition Application

Applicant Information:

Social Security # _____ Date of Birth _____ Drivers License # _____ DL State _____
Name _____ Gender F M
Last Name First Name Middle Name/Initial
Mailing Address _____
City _____ State _____ Zip _____ County _____
Home Phone # _____ Work Phone # _____ Cell Phone # _____
E-Mail Address _____ Circle the highest level of education: GED High School Diploma College: 1 2 3 4 5 6 7 8

Affiliation:

Agency Name _____ Agency License # _____
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 TECHNICIAN (EMT)

Applicant Name: _____

License REINSTATEMENT Education Record for EMT lapsed licenses that were effective April 2009 thru June 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. EMT Reinstatement Requirements

- Successfully complete the NREMT EMT Assessment (written) exam. Date Complete _____
- Complete 24 hours of continuing education
- PLUS** 40 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 the total number of continuing education hours needed.

B. Additional Continuing Education requirements to be included in your 24 required hours

- Landing Zone Officer training
- Four (4) hours Pediatric specific continuing education

C. EMT Transition Course Completion is required for reinstatement. *These hours count towards the total number of continuing education hours needed.*

Continuing Education (24 hours PLUS 40 minutes for each month lapsed)

Course Topic	Instructor	Date	Hours	Course Topic	Instructor	Date	Hours
Landing Zone Officer							
Total				Total			

Skills Verification - This is to confirm that this applicant for license renewal has completed skills verification and has performed satisfactorily to be deemed competent in the following skills:

- *Trauma and Medical Patient Assessment and Management*
- *Cardiac Arrest Management including CPR/AED Skills*
- *Ventilatory Management and Oxygen Administration to include upper airway adjuncts, suction, and Bag-valve-mask*
- *Hemorrhage Control/Shock Management*
- *Splinting Procedures to include traction splinting*
- *Assisted Medication Administration*
- *Childbirth Skills to include care of the newborn*
- *Spinal Immobilization, both seated and supine, including application of the cervical collar*

Signature of Agency Medical Director or Designee

Date

Printed Name of Agency Medical Director or Designee

