

Michigan Department of Community Health
Emergency Medical Services Section
P.O. Box 30437
Lansing, Michigan 48909
(517) 241-0179
Website: www.michigan.gov/ems

*Authority: P.A. 368 of 1978, as amended
This form is for information only.*

MICHIGAN COURSE COMPLETION APPLICATION FOR LICENSURE INSTRUCTIONS

If you have completed a Michigan course within the last 2 years and are Nationally Registered you can file an application for licensure as a MFR, EMT, Specialist-AEMT, or Paramedic. **Applications must be received in our office prior to the two year deadline.** If you finished a course longer than two years ago you will need to apply by another method for which you qualify. You will find those applications on our website at www.michigan.gov/ems

NOTE: Out-of-state education alone will not be accepted for licensure. Individuals would need to apply utilizing the Reciprocity/Endorsement application if they have a current license in another state or the National Registry application if they are not licensed however, are currently Nationally Registered.

Once licensed by the State of Michigan, it is not necessary to retain the National Registry certification for license renewal or re-licensure. Michigan uses the National Registry for examination purposes only. Once you are licensed, all licensees are required to complete the continuing education mandated by the State. Being Nationally Registered does not exempt you from complying with the continuing education requirements for renewal of your Michigan license. **Refer to EMS Personnel Continuing Education Form (BHPPA-EMS-127) for category and lecture/practical requirements, which can be found at www.michigan.gov/ems.**

GENERAL INSTRUCTIONS

You must be at least 18 years of age to make application. Failure to complete the application in its entirety and correctly may result in a delay of your application being processed for licensure. **This is a two-page application.** Be sure to complete both pages/sides, sign, and date your application. Submit your application with an original signature, and the appropriate fee to the address above. Applications submitted without the required fee will be returned to the applicant. **IN GENERAL ALL FEES ARE NONREFUNDABLE.**

1. Mark the box of the appropriate level of license (MFR, EMT, Specialist-AEMT, Paramedic) for which you are applying and submit the correct fee for that level.
2. Enter your personal identifying information, i.e. name, social security number, address, email address, etc.
3. Enter your Michigan education program sponsor's name (name of school or facility that conducted course) and date of course completion.
4. If you have a yes answer to question number 1 on page 2 of the application, you must complete the attached Criminal Conviction History Form (EMS-252).
5. If you have a yes answer to question number 2 on page 2 of the application, you must submit a detailed explanation with your application.
6. If applying for Specialist-AEMT or Paramedic, you must have passed the EMT written and practical exams before you are eligible for licensure at the higher level.
7. National Registry exam results are verified by the State. **Applicant should not submit exam results.**

NOTE: Volunteer Agency Employees: Applicants that work for a volunteer licensed Michigan Life Support Agency (those that do not charge for their services and the individual does not get paid for their services) are eligible for fee exemption. Please call the telephone number above and ask for the “*Volunteer Agency Fee Exempt Form*”. (EMS-144)

LICENSING AT A LOWER LEVEL

A Paramedic, Specialist-AEMT, or EMT holding an active license (current or within 60 day grace period) may qualify to apply for licensure at a lower level. Complete the Michigan Course Completion Application for Licensure and check the box for the lower level you wish to apply for. **Your application must be received by our office while you are currently licensed or while in your grace period.** Submit the application along with the fee, copies of certificates or other acceptable documentation of Michigan approved continuing education credits and a copy of your current Medical Professional CPR card (front and back) for that level as if the individual were merely renewing their license at the lower level. **Refer to EMS Personnel Continuing Education Form (BHPPA-EMS-127) for category and lecture/practical requirements which can be found at www.michigan.gov/ems.**

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**MICHIGAN COURSE COMPLETION
 APPLICATION FOR LICENSURE**

Authority: Public Act 368 of 1978, as amended.
 If this form is not complete a license will not be issued.

State Office Use Only
License Number
Date of Licensure

Type or Print Only

I AM APPLYING FOR THE FOLLOWING LEVEL OF LICENSURE:

- Medical First Responder: No fee required**
- Emergency Medical Technician (Basic) – Fee: \$40.00**
- Specialist-AEMT – Fee \$60.00**
- Paramedic – Fee: \$80.00**

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. **DO NOT SEND CASH.**

Fees are deposited upon receipt and in general are NON-REFUNDABLE.

First Name	Middle Name	Last Name
U.S. Social Security Number	Date of Birth	
Street Address		
City/State	ZIP Code	Email Address
All Previous Names and/or Birth Name Used (If Applicable)		Daytime Phone Number

EDUCATION INFORMATION (Must have completed your course within the past 2 years):

Michigan Education Program Sponsor (Name and Location)	Date of Course Completion

Name	Social Security Number
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Check the appropriate answer to each of the following questions.

1. Have you ever been convicted of a misdemeanor or felony, other than minor traffic violations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
NOTE: Attach Criminal Conviction History Form (EMS-252) for a Yes answer		
2. Have you ever had a federal or state health professional license or registration revoked, suspended, or otherwise disciplined, been denied a license or currently have disciplinary action pending against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
NOTE: Attach a detailed explanation for a Yes answer		

CERTIFICATION

I certify that I am the person named on this application and that all statements are true. I understand that my Education Program Sponsor shall be made aware of my examination results. Once licensed, I will comply with all applicable state laws and rules.

I understand that it is the policy of this agency to secure criminal conviction history as part of the pre-licensure screening process, and I authorize the agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record keeping organization.

I further consent to the release of information to this agency regarding any discipline investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state of the United States, military branch of the federal government or any sovereign nation.

The statements in this application are true and correct. I have not withheld information which might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation may be punishable by law.

Signature	Date
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The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

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CRIMINAL CONVICTION HISTORY FORM

Authority: Public Act 368 of 1978, as amended

If you have been convicted of a misdemeanor or felony, please complete this form and mail it to the address above or fax it to: (517) 241-9458. If you have applied for licensure, processing of your application will be delayed until this information is received.

First Name	Middle Name	Last Name
U.S. Social Security Number	Drivers License Number	Type of license you are applying for

Conviction #1 Information
Briefly state the nature of the conviction
Date of Violation
Date of Conviction
County, State, & Court of Jurisdiction
Sentence
Please check, if applicable and give date: <input type="checkbox"/> Expunged on: ___/___/___ <input type="checkbox"/> Annulled on: ___/___/___

Conviction #2 Information
Briefly state the nature of the conviction
Date of Violation
Date of Conviction
County, State, & Court of Jurisdiction
Sentence
Please check, if applicable and give date: <input type="checkbox"/> Expunged on: ___/___/___ <input type="checkbox"/> Annulled on: ___/___/___

NOTE: The back of this form may be used if you have more than two convictions

CERTIFICATION

I hereby certify that the above facts and any attached statements are true, accurate, and complete about any and all convictions, and further make application for licensure in Michigan.

Signature of Applicant/Licensee	Date
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The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.