

Michigan Department of Health and Human Services
 Bureau of EMS, Trauma, and Preparedness
 Emergency Medical Services
 P.O. Box 30437
 Lansing, MI 48909
 (517) 241-0179

**NATIONAL REGISTRY STATUS
 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

You may apply for licensure by National Registry status if you meet **all of the following requirements:**

- At least 18 years of age;
- Currently Nationally Registered;
- Not currently licensed in another State
- Did not complete a Michigan education course within the last 2 years (use Michigan Course Completion Application)

NOTE: ALL MFR AND EMT BASIC APPLICANTS MUST PROVIDE VERIFICATION OF MICHIGAN EDUCATION TOPICS EXCEEDING NATIONAL REGISTRY STANDARDS.

Please complete the attached Verification of Education form.

I AM APPLYING FOR THE FOLLOWING LEVEL OF LICENSURE:

- Medical First Responder – Fee: \$150.00**
- Emergency Medical Technician (Basic) – Fee: \$175.00**
- Specialist-AEMT – Fee: \$175.00**
- Paramedic – Fee: \$175.00**

Make checks or money order payable to the **STATE OF MICHIGAN**. 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	Daytime Phone Number
All Previous Names and/or Birth Name Used (If Applicable)			Email Address

Check the appropriate answer to each of the following questions.

1. Have you been convicted of a misdemeanor or felony, other than minor traffic violations? NOTE: Attach Criminal Conviction History Form (EMS-252) for a Yes answer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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? NOTE: Attach a detailed explanation for a Yes answer	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Once you are licensed, you are required to complete the continuing education mandated by the State of Michigan. 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.**

CERTIFICATION

I certify that I am the person named on this application and that all statements are true and correct. Once licensed, I will comply with all applicable state laws and rules.

I understand that it is the policy of this agency to secure a 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.

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

The Michigan Department of Health and Human Services 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.

www.michigan.gov/ems

Michigan Department of Health and Human Services
 Bureau of EMS, Trauma, and Preparedness
 Emergency Medical Services Section
 Fax (517) 335-9434

VERIFICATION OF EDUCATION

Authority: Public Act 368 of 1978, as amended.

PART I – To be completed by MFR and EMT-Basic applicants.

First Name	Middle Name	Last Name
Social Security Number	Date of Birth	Daytime Telephone Number
Street Address	City/State/Zip	Email Address
All Previous Names and/or Birth Names Used (if applicable)		Level of Licensure <input type="checkbox"/> MFR <input type="checkbox"/> EMT

PART II – To be completed by Military facility OR Michigan Program Sponsor.

Completed Military Education

Completed Michigan Education

By checking the boxes below you are verifying the applicant has completed the following education requirements exceeding National Registry standards.

<p>EDUCATION TOPICS REQUIRED FOR MFR</p> <p><input type="checkbox"/> Spinal Immobilization</p> <p><input type="checkbox"/> Epi-Pen®</p> <p><input type="checkbox"/> Narcan® Administration</p>	<p>EDUCATION TOPICS REQUIRED FOR EMT</p> <p><input type="checkbox"/> Supraglottic Airway (e.g., combitube, king)</p> <p><input type="checkbox"/> CPAP</p> <p><input type="checkbox"/> Albuterol®</p> <p><input type="checkbox"/> Epi-Pen®</p> <p><input type="checkbox"/> Narcan® Administration</p>
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MILITARY EDUCATION CERTIFICATION

Military Facility Name and Branch	Phone Number	Date
Name and Title of Military Representative	Signature	

MICHIGAN EDUCATION CERTIFICATION

Michigan Program Name and Sponsor Number	Phone Number	Date
Course Coordinator Name	Course Coordinator Signature	
Instructor-Coordinator Name	Instructor-Coordinator Signature	

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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) 335-9434. 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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