

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.*

NATIONAL REGISTRY STATUS APPLICATION FOR LICENSURE INSTRUCTIONS

An individual can file an application for licensure as a MFR, EMT, Specialist-AEMT, or Paramedic by National Registry status if you meet one of the following requirements:

- Did not take a Michigan course within the last two years but are currently nationally registered. (if less than two years use the Michigan Course completion Application)
- Do not have a current license in another State but are currently Nationally Registered. (if currently licensed in another State use the Reciprocity/Endorsement Application).
- Have taken your initial Military course within the last year or have recertified your Military education and are currently Nationally Registered.

Applications for EMT-Specialist (Intermediate 85) are no longer accepted. If you are currently Nationally Registered at the I-85 level and have not upgraded to the Specialist-AEMT licensure level, you would be eligible to apply for a Basic EMT license in Michigan.

The application is not considered complete until all State requirements are met. 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 you 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, with 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. **Military Only:** If Military course was completed within 1 year of application, enter your Military Education Program Sponsor's name (name of school or facility that conducted course), location and date of course completion. Complete Part 1 of the attached Verification of Military Education Program Form (EMS-251) and forward to the appropriate Military branch for completion of Part II.

If Military course was completed over one year from date of application, you must meet the Michigan continuing education requirements identified in #7 below OR submit a copy of your annual Military training certificate(s) and a copy of your current Medical Professional CPR card (front and back).

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. Verification that you were once certified by the National Registry at the level you are applying for is obtained by the State from the National Registry website. **Applicant should not submit exam results.** 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. With your application, submit copies of your **Michigan approved** continuing education certificates or Michigan refresher course completion certificate, AND a copy of your current **Medical Professional CPR card** (front and back). **Michigan accepts Professional CPR certification from the following organizations:**
 - American Heart Association
 - American Red Cross
 - American Safety & Health Institute
 - Emergency Care & Safety Institute/AAOS
8. Your continuing education must have been earned within 2 years from the date of application, and after you were Nationally Registered. You must provide the following Michigan continuing education requirements for your licensure level:

Credit Category	MFR		EMT		Specialist-AEMT		Paramedic	
	Lecture or Practical	Practical						
Preparatory	1		2		2		2	
Airway/Ventilation		1		2		2		2
Patient Assessment		1	1	1		2		2
Medical		1		2		2		2
Trauma		1	1	1		2		2
Special Considerations (1 Pediatric credit required for each level)		1	1	1	1	1		2
Operations	1		2		2		2	
Sub totals (Required)	7		14		14		14	
Balance any category	8		16		22		31	
Totals	15		30		36		45	

Acceptable documentation of continuing education shall include all of the following:

- Name of licensee participating in program
- Name of sponsoring organization and instructor-coordinator number
- Title of program
- Hours of continuing education credit awarded per required category
- Date of program
- Signature of instructor-coordinator or designee

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**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

Type or Print Only

Use this application if you are Nationally Registered AND meet one of the following:

(check ONE only)

- Your Michigan course completion date is older than 2 years.
- You do not hold a current license in another state.
- You provide the Military education documentation stated in the instructions.

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

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

MILITARY EDUCATION INFORMATION (if course completion is less than 1 year):

Military Education Program Sponsor (Name and Location)	Date of Course Completion
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Name	Social Security Number
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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?	<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.

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