

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

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

## **RE-LICENSURE APPLICATION & INSTRUCTIONS**

### **To qualify for Re-licensure:**

- **Your previous Michigan EMS license must have expired within the last 3 years (Application MUST be date stamped in our office on or before the 3 year mark-NO EXCEPTIONS);**
- **All continuing education credits must be earned within 3 years from the date of your application;**

**Applications received outside of the 3 year window will not be processed. You will have to apply as a new applicant using the appropriate Department application, either by completing a Michigan Course, by National Registry Status, or through Reciprocity/Endorsement from another state. Refer to our website for more information.**

**Due to the transition to the new Specialist (AEMT), Re-Licensure Applications for EMT-Specialist (Intermediate 85) are no longer accepted effective IMMEDIATELY, however, you may apply to re-license at the EMT licensure level.**

### **GENERAL INSTRUCTIONS**

Failure to complete the application in its entirety and correctly may result in a delay of the processing of your application. **This is a two-page application.** Be sure to complete both pages/sides, sign, and date your application before submitting with the appropriate fee.

1. Mark the box for the appropriate level you are applying to re-license (MFR, EMT, Paramedic). Submit it with the appropriate fee to the Emergency Medical Services Section with a check or money order made payable to the State of Michigan. Applications with fees must be submitted together. Applications submitted without the required fee will be returned to the applicant. **Application fees are non-refundable.**
2. With your application submit copies of your **Michigan approved** continuing education credits (certificates) or **Michigan approved** refresher course completion certificate and **a copy of your current CPR card** (front and back) meeting basic life support standards for a professional provider, as set forth by the American Heart Association and published in "Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care". **Please see the "Pre-Approved Standardized CE Credit Guide" for acceptable CPR certifications. Additionally, any CPR certification that is done completely online WILL NOT be acceptable.** One practical CE credit will be awarded in the Medical Category for proof of BLS currency).

All continuing education credits must have been completed within three years of the date of the re-licensure application AND meet the following Michigan Requirements:

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

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

**Refer to EMS Personnel Continuing Education Form (BHPPA-EMS-127) for category and lecture/practical requirements which can be obtained at [www.michigan.gov/ems](http://www.michigan.gov/ems).**

3. If you have a yes answer to question number 1 on the application, you must complete the attached Criminal Conviction History Form (EMS-252).
4. If you have a yes answer to question number 2 on the application, you must submit a detailed explanation with your application.

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**APPLICATION FOR RELICENSURE - LICENSE EXPIRED  
WITHIN LAST 3 YEARS**

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

**Type or Print Only**

| State Office Use Only |
|-----------------------|
| License Number        |
| Date of Licensure     |

**I AM APPLYING FOR: (Check ONE only)**

- Medical First Responder - Fee: \$150.00**
- Emergency Medical Technician (Basic) – Fee: \$175.00**
- Specialist (AEMT) (Not available until 4/1/2016) – 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 are NON-REFUNDABLE.**

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

**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?<br><b>NOTE: Attach the Criminal Conviction Form (EMS-252) for a Yes answer</b>   | <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?<br><b>NOTE: Attach a detailed explanation for a Yes answer</b> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

|      |                        |
|------|------------------------|
| Name | Social Security Number |
|------|------------------------|

### CERTIFICATION

**I certify that I am the person named on this application and that all statements are true. 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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**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:<br><input type="checkbox"/> Expunged on: ___/___/___<br><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:<br><input type="checkbox"/> Expunged on: ___/___/___<br><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 |
|---------------------------------|------|

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.