DEPARTMENT OF SAFETY
DIVISION OF FIRE STANDARDS & TRAINING
BUREAU OF EMERGENCY MEDICAL SERVICES
NH EMS PROVIDER LICENSE APPLICATION
PLEASE PRINT(BLACK INK) OR TYPE

1. LEGAL NAME: _____

2. MAILING ADDRESS: _____

3. TOWN/CITY: _____ STATE: _____ ZIP CODE: _____

4. TEL: (DAY) _____ **5**. DATE OF BIRTH: _____ **6**. GENDER: M/F ____

EMAIL ADDRESS (OPTIONAL): _____

7. **EMS UNIT AFFILIATION(S)**:

PRIMARY: _____

SECONDARY: _____

TERTIARY: _____

INFORMATION PURPOSES ONLY

PAID _____ **VOLUNTEER _____

**Volunteer means a person or member of a nonprofit fire department or nonprofit emergency medical service unit who provides services on an as needed basis and who does not receive compensation, other than reimbursement for expenses actually incurred.

8. If Relicensing/Upgrading, CURRENT NH PROVIDER # _____

9. **LICENSE TYPE:** [check only one]

_____ APPRENTICE _____ NR FIRST RESPONDER _____ NHEMT _____ NREMT-B

_____ NREMT-I _____ NREMT-P

ATTACH LEGIBLE PHOTOCOPY OF CURRENT NATIONAL REGISTRY CERTIFICATION & CPR CARD

Acceptable CPR certification meets or exceeds the American Heart Association CPR for the Healthcare Provider guidelines.

Faxes of this form or certification cards will *NOT* be accepted !!

"I swear or affirm that the information provided is accurate to the best of my knowledge and belief. I have never been convicted of or found guilty of an offense pursurant to RSA 153-A:13, I(h). I believe that I am in full compliance with RSA 153-A and the rules adopted thereunder. I understand that providing false information shall be grounds for denial, suspension or revocation of license."

10. APPLICANT SIGNATURE _____ DATE: _____

11. HEAD OF UNIT SIGNATURE _____ DATE: _____

HEAD OF UNIT NAME PRINTED _____ TITLE: _____

12. PARENT OR LEGAL GUARDIAN _____ DATE: _____
** FOR APPRENTICE APPLICANTS **

NOTICE TO ALL APPLICANTS

Authority: NH RSA 153-A:11, A:12 and Administrative Rules Saf-C 5902, 5903

1. All personnel providing patient care as a NH EMS provider must be currently licensed at the appropriate training level, affiliated with a NH-licensed EMS Unit and licensed with the NH Bureau of EMS as a provider.

2. Only one provider license is required. Personnel affiliated with more than one NH EMS Unit will indicate on the provider application form the Unit considered their "Primary" affiliation and then list other affiliations.

3. Licensure for NR FIRST RESPONDER & all NREMT levels are valid for the period of the National Registry certification (2 yrs).

4. Non-Nationally Registered providers need to relicense annually by December 31st. Individuals whose certification lapses will be required to become Nationally Registered.

5. **During the licensing period all EMS certifications required for licensure must be maintained. THIS INCLUDES CPR CERTIFICATION. IT IS THE RESPONSIBILITY OF THE PROVIDER TO FORWARD COPIES OF NEW CARDS TO THE BUREAU OF EMS TO UPDATE THEIR FILE.**

6. The EMS Unit Head (or alternate) must sign and date all provider applications.

7. **THERE IS NO FEE FOR PROVIDER LICENSES.**

8. The Provider is responsible for recertifying at the appropriate provider level and relicensing with the NH Bureau of EMS prior to the expiration date of the license.

A Provider with an expired EMS Provider's license cannot practice patient care with a NH EMS Unit affiliation until a current license is obtained.

9. The Provider is recommended to provide a legible photocopy of the current License and all EMS certifications to each EMS Unit the individual is affiliated with for that Unit's records.

PHOTOCOPIES OF CERTIFICATION CARDS MUST BE LEGIBLE

Mail Completed Application with legible copies to:

NH Bureau of EMS
10 Hazen Drive
Concord, NH 03305
(603)-271-7048
(603)-271-4567 (Fax)