



# New Hampshire Department of Safety

## Division of Fire Standards and Training & Emergency Medical Services

BUREAU USE ONLY

**Mailing Address:** NHSTEMS • 33 Hazen Drive • Concord, NH 03305  
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### New Hampshire Bureau of EMS NEW or LAPSED EMS Provider License Application

**Complete this form electronically so that all drop-down boxes are accessible and the form is legible, OR using black ink, a legibly printed application will be accepted upon completion.**

<b>Type of Application:</b> <small>(CHECK ONLY ONE)</small>	NEW	LAPSED
<b>Section 1: APPLICANT INFORMATION</b>		
Full Legal Name:		NH LICENSE #
<small>FIRST M.I. LAST</small>		
Mailing Address:	Street / PO Box:	State: Zip:
Town/City:		
Applicant Daytime Contact Phone Number:		Date of Birth:
Email Address:		Gender: <b>M</b> <b>F</b>
<b>Section 2: UNIT AFFILIATION(S)</b>		
<i>EMS Unit (Service) "affiliation" is required for licensure. The Head of the Primary Unit must sign in Section 5 below.</i>		
Primary:		
Secondary:		
Tertiary:		Other:
<b>Section 3: NATIONAL REGISTRY CERTIFICATION (Attach legible copies of current certification)</b>		
National Registry Number:	National Registry Expiration Date:	
<b>Section 4: LICENSE TYPE</b>		
License Type: (Choose one from the drop-down box)		
<b>Section 5: SIGNATURE (Note: "Head of Unit Signature" Must be from the "Primary Unit")</b>		
<i>"I swear or affirm that the information provided is accurate to the best of my knowledge. I have never been convicted of or found guilty of an offense pursuant to RSA 153-A:13, I (h). 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."</i>		
Applicant Signature:	Date:	
<i>I attest that the applicant, for whom this application is being signed, is affiliated with the licensed NH EMS Unit listed next to "Primary" above and that the Unit has a current, signed, MRH agreement in place.</i>		
Head of Primary Unit Signature:	Date:	
Head of Primary Unit Name (printed):	Title:	
Parent or Legal Guardian Signature: <small>For Apprentice Applicants</small>	Date:	
<b>Section 6: INFORMATION PURPOSES ONLY</b>		
<b>Applicant Status with Primary Unit (check one)</b>	Paid	* Volunteer
* <b>Volunteer</b> 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.		

**Section 7: REQUIREMENTS FOR LICENSURE****Checklist: The following documentation is included with this application:**

» **NOTE: When documentation is submitted with the application it can be processed in a more timely fashion.**

Complete the **NH EMS NEW or LAPSED EMS Provider License Application** with **all required signatures\*\*** **AND** the **Criminal History Record Information (CHRI) release form (per RSA 151-A:10-a)** per attached instructions.

**Include legible photocopies of appropriate certification documentation as follows:**

- a. **NATIONALLY REGISTERED (NR)** – current NR wallet card
- b. If **APPRENTICE** – current CPR card (as above), and Apprentice Affiliation form(s) from Head of Unit.
- c. If **LAW ENFORCEMENT PROVIDER (Narcan only)** – current CPR certification that meets the standard of the American Heart Association CPR at the Healthcare Provider level; First Aid certification that follows the OSHA Best Practices Guide: Fundamentals of a Workplace First Aid Training Program; and, proof of completion of the Division of FST&EMS developed opioid antagonist (Narcan) training program, skills verification completed/signed skill sheets.

*“I swear or affirm that the candidate named on this application is affiliated with the department listed below.”*

Law Enforcement (L.E.) Agency Name:

L. E. Head of Department Signature:  
(Chief or Authorized Signature)

Date:

L. E. Head of Department Name (printed):

Title:

NH Scope of Practice Module Program(s) – associated with applicable licensure level, **EMT or higher**. (verified by NHBEMS personnel)

Protocol Examination verification – EMR and higher (certificate must match the licensure level for that being applied for and be submitted with application).

**Section 8: NOTICE TO ALL APPLICANTS**

**Authority: NH RSA 153-A:11 & RSA 153-A:10-a (Effective January 1, 2017)  
& Administrative Rules Saf-C 5902, 5903**

1. All personnel providing patient care as a NH EMS Provider must be currently certified at the appropriate training level, affiliated with a NH-licensed EMS Unit, and licensed with the NH Bureau of EMS as a Provider.
  2. **In addition to submitting the “NH EMS NEW or LAPSED EMS Provider License Application”** to the NH Bureau of EMS, **all new applicants or lapsed/relicensing provider applicants** shall submit to the NH Department of Safety, Division of State Police (NHSP), a **notarized Criminal History Record Information (CHRI)** authorization release form (see attached). The applicant shall also submit with the release form a complete set of fingerprints. The applicant shall bear the cost of a criminal history record check.
  3. Regardless of the number of NH EMS Unit affiliations, only one Provider license is required. Personnel affiliated with more than one NH EMS Unit will indicate on the Provider application form the name of the unit considered to be the “primary” affiliation and then list other affiliations, as appropriate.
  4. For all levels of Nationally Registered EMS Providers, NH EMS Provider licensure is valid for up to two (2) years. NH licensure for Nationally Registered EMT, AEMT or Paramedic **expires on April 30<sup>th</sup>**. Licensure for NR EMR expires on **October 31<sup>st</sup>**.
  5. Non-nationally registered EMT’s (NHEMTs grandfathered in the system) are required to relicense annually by December 31<sup>st</sup>. Any of these individuals whose certification lapses will be required to become Nationally Registered in order to relicense in the NH EMS system.
  6. Recertification at the appropriate level and re-licensure with the NH Bureau of EMS prior to the expiration date of the license is an individual Provider’s responsibility.
- Important Note: A Provider without a current EMS Provider’s license cannot legally practice patient care until a valid provider license is obtained. Pursuant to RSA 153-1:21 any person implying they are a licensed EMS Provider or provides EMS patient care without a valid license shall be guilty of a misdemeanor for the first offense and a class B felony for subsequent offenses.**
7. For purposes of record-keeping, all licensed providers are encouraged to submit legible photocopies of their current Provider Licenses and all EMS certifications to each affiliated EMS Unit.

**Mail completed NH EMS NEW or LAPSED EMS Provider License Application \*\* with legible photo copies to:  
NHFSTEMS · Attention: EMS Licensing Coordinator · 33 Hazen Drive · Concord, NH 03305**

**NOTE: CHRI application and payment must be submitted to the NH State Police (see CHRI instructions).**

**\*\* NO faxes will be accepted.**