



State of New Hampshire
Department of Safety
Division of Fire Standards and Training & Emergency Medical Services

NH EMS PROVIDER LICENSE APPLICATION

PLEASE PRINT (BLACK INK) OR TYPE

LEGAL NAME: _____

MAILING ADDRESS: _____

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

TEL: (DAY) _____ DATE OF BIRTH: _____ GENDER: MALE
 FEMALE

EMAIL ADDRESS: _____

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.

If Relicensing/Upgrading, CURRENT NH PROVIDER # _____

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 pursuant 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."

_____	APPLICANT SIGNATURE	_____	DATE
_____	HEAD OF UNIT SIGNATURE	_____	DATE
_____	HEAD OF UNIT NAME PRINTED	_____	TITLE
_____	PARENT OR LEGAL GUARDIAN ** FOR APPRENTICE APPLICANTS **	_____	DATE

FOR BUREAU USE ONLY:
 Practical: _____ Transition: _____ Protocols: _____ CPR Exp: _____
 NR #: _____ Entered Date: _____ Initials: _____

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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 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. 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, if appropriate.
3. Licensure for Nationally Registered EMS Providers, at all levels, is valid for the period of time stated on the National Registry certification card submitted to the Bureau for licensure (2 years).
4. Non-Nationally Registered EMT's, grandfathered in the system, need to relicense **annually** by December 31st. Any of these Individuals, whose certification lapses, will be required to become Nationally Registered in order to reenter the NH EMS System.
5. **During the licensing period all 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 IN ORDER TO REMAIN LICENSED.
6. The EMS Unit Head (or authorized 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.

Important Note: A Provider with an expired EMS Provider's license cannot practice patient care until a current license is obtained.

9. It is recommended that each Provider give a legible photocopy of their current Provider's 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
33 Hazen Drive
Concord, NH 03305
(603)-223-4218
(603)-271-4567 (Fax)**

NH BUREAU OF EMS

Form
EMS Provider License Application

Date Approved: 07/28/09
Date Revised: 11/13/09
KHD