



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

33 Hazen Drive, Concord, NH 1-800-371-4503 or 603-223-4200 FAX: 603-271-1091

Application for EMS Provider License WAIVER: COVID-19 September 2020

(Complete all sections)

I, _____ (printed name), am requesting a waiver of the NREMT certification requirement in order to become temporarily licensed as a NH EMS Provider and assist the NH EMS Community, as affiliated with the NH EMS Unit(s) documented on the EMS Provider License Application form. I am applying for licensure at one of the following levels: (check only one)

____ Emergency Medical Responder (EMR)

____ Advanced Emergency Medical Technician (AEMT)

____ Emergency Medical Technician (EMT)

____ Paramedic (M)

Complete and sign the following section:

I currently hold a "provisional" certification as documented and issued by the National Registry of EMT's (NR) and acknowledge that I have recently completed an EMS training program, and completed the NREMT CAT (written) exam at the level noted above. I also acknowledge that the NR issued provisional certification also indicates that I have NOT successfully completed the standardized BLS/ALS Practical (Psychomotor) Examination that is typically required of this candidate level in order to be fully certified and ready for a NH EMS Provider License. I acknowledge that I am aware that I must complete the psychomotor/practical exam before the 4-1-2021 NH licensing deadline so that this license, once issued, will not expire.

Applicant DOB: _____ Mailing Address: _____

Phone Number: _____

Email Address: _____

→ _____
Applicant Signature **Date** **Applicants printed name**

During this time of national emergency (COVID-19) the State of New Hampshire, Division of Fire Standards and Training & Emergency Medical Services is issuing a **PROVISIONAL EMS LICENSURE WAIVER** to applicants that meet the criteria outlined above. **This is only a temporary license that will expire 4-1-2021 and is being issued through the waiver process.** The following regulations will be waived temporarily:

- o **Administrative rule Saf-C 5904.05 (b) (2)**

Please mail all necessary documents to the following address:

NH DOS – FST&EMS, Bureau of EMS – Licensing, 33 Hazen Drive, Concord, NH 03305

Required documents include:

- ____ A completed NH EMS Provider License application (paper form);
- ____ Copy of documentation for the National Registry of EMTs – showing "provisional" status;
- ____ Completion of the current (Version 8), appropriate level, "Protocol Exam" and "Scope of Practice" program;
- ____ Complete Criminal History Information Record (CHRI) authorization form and related documents/fee;

Note: The above listed CHRI requirement is only for those applicants that are NEW or Lapsed re-applying EMS Provider applicants. IF you are applying for an "upgrade" of EMS Level (EX: EMT to AEMT, AEMT to Paramedic) and you DO hold a valid EMS Provider license already, you do NOT need to submit background check documents.

____ Submit THIS FORM (completed/signed) with the application packet.

DOS/FST&EMS Use Only:

Waiver time period: _____ - 04/01/2021 **Waiver approved date:** _____

Commissioner/designee signature: _____