



APPLICATION FOR DESIGNATION AS A MAINE EMS FLIGHT NURSE

1. Name: (Last Name), (First Name) (MI)

2. Mailing Address: City: State: Zip Code:

3. Daytime Phone #: Cell # (optional):

4. Date of Birth:

5. E-mail :

6. Social Security #: The following statement is made pursuant to the Privacy Act of 1974, § 7(b): Disclosure of your social security number is mandatory...

7. Do you now hold, or have you ever held, a Maine EMS license at any lever? Yes: No:

If yes, what is the: License Number: License Level: Expiration Date:

8. With what licensed air ambulance service(s) will you be operating?

1. Service Name: Service #:

2. Service Name: Service #:

3. Service Name: Service #:

9. On what date did you complete a training course based upon the Maine EMS prehospital care curriculum for Flight Nurses? (Attach copy of course completion certificate.)

10. What is the number of your Maine Register Professional Nurse? Expiration Date: (Attach a copy of your Maine Registered Professional Nurse License)

11. History of convictions*, civil drug violations, pending charges, or action taken against a professional license Completion of this section is mandatory. Failure to complete this section and/or failure to list all convictions, violations, pending charges or actions against a professional license may result in license denial and prosecution for Unsworn Falsification, a Class D crime.

a. Have you ever been convicted* of any criminal offense**? Yes No

b. Have you ever been found to have committed a civil infraction involving use or possession of illegal drugs? Yes No

c. Are charges pending against you in any state or Federal court? Yes No

d. Have you ever had any action taken, or is action pending, against any professional license or certification you currently hold or have ever held? Yes No

* "Convicted" means a finding of guilty, or a finding of not guilty by reason of insanity or mental disease or defect.

** "Criminal offense" is one that is punishable by a possible period of incarceration, whether or not such a sanction is imposed. Criminal offenses include, but are not limited to, Operating Under the Influence or Operating After Suspension.

FOR OFFICE USE ONLY

FOR OFFICE USE ONLY
[] Logged
[] Entered
[] Issued
[] SBI Fee Rec'd
Approved by:
Course date:
Comments:

(If you answered yes to either a, b, c, or d above, complete section A below. Failure to provide this information may result in disciplinary action.)

12. I certify that the statements contained in this application are correct to the best of my knowledge and belief, and that I am eligible for designation as a Flight Nurse in accordance with the Maine EMS Law (32 MRSA Chapter 2-B, et seq.) and, rules set forth by the Maine EMS Board. It is further understood that designation by Maine EMS as a Flight Nurse allows me to administer only those treatments authorized under the Maine EMS Rules and by MEMS and regional protocols and while I am working as a member of a Maine EMS licensed air ambulance service. I also understand that making a false statement that I do not believe to be true on this application or knowingly creating or attempting to create a false impression by omitting information necessary to prevent this application from being misleading constitutes a criminal offense, and may be prosecuted as, among other offenses, unsworn falsification pursuant to 17-A M.R.S.A. § 453 (Class D) and may also result in disciplinary action against my designation by Maine EMS.

Signature of applicant: _____ Date: _____

Section A: History of Convictions; or Action Taken Against a Professional License – Completion of this section is required if you have been convicted in a court of law for any offense or, if you have ever had any action taken against a professional license you now hold, or have ever held. Please provide the information requested below (*Attach additional sheets if necessary*):

Type of Offense / Violation	Date of Offense	Place of Offense	Name and Location of Court or Licensing Authority	Sentence / Action

For each criminal conviction listed above, you must enclose:

1. A copy of the police reports for the aforementioned conviction(s) offense(s) or violation(s). Contact the Police Department, District Attorney, or your own attorney for this information.
If you are unable to obtain the police report from any of the aforementioned sources, you must provide the Committee with notarized letters from each agency or office attesting that the documents are no longer in the agencies' or office's possession.
2. Copy of court records regarding the convictions/offenses/violations (including a copy of the Indictment, the Docket Record and Judgment and Commitment, if applicable).
3. Specific written explanation, in your own words, of the offenses/violations for which you were adjudicated (Who, What, Where, When, How, and Why).
4. Letter from you probation/parole officer indicating successful completion of probation/parole (if applicable).
5. Any letters of recommendation you wish to submit in support of your application.

- If I am a resident of Maine (or have been for the last 3 years), I've enclosed a check in the amount of \$21.00 made payable to: *Treasurer, State of Maine* to cover the cost of the criminal background check;
- If I am a resident of another state (or haven't been a resident of Maine for the last 3 years), but have completed my training and testing in Maine, I have attached a criminal background check from the state criminal records division of the state in which I have resided for the past 3 years (for a list of other state's criminal records contact numbers please visit the following website: <http://www.informe.org/PCR/faq.html>)

Please type or print clearly and make sure you have: completed all required sections of this application and attach all documentation requested. Return your signed application (photocopied signatures cannot be accepted) to:

**Maine EMS
152 State House Station
Augusta, ME 04333-0152
Tel (207) 626-3860**