



Maine EMS License Renewal Application

Please complete the renewal application form by legibly filling in sections 1 – 19 below, include all information requested, sign the application and return it to Maine EMS. **If your license has expired over 90 days, DO NOT USE THIS FORM.** Please complete a new license application, which may be found on the Maine EMS web site at www.maine.gov/dps/ems/applications_forms

1. Name: _____ 2. Maine EMS License #: _____ 3. License Expiration: _____

4. Date of Birth: _____ 5. Sex: ___ Male ___ Female 6. Email: _____

7. Social Security #: _____ - _____ - _____ The following statement is made pursuant to the Privacy Act of 1974, §7(b): Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA §175 as authorized by the Tax Reform Act of 1976 (46 USC, §405(c)(2)(C)(i)) and for child support enforcement purposes pursuant to 42 USC § 666(a)(13)(A) and 19-A M.R.S.A. §§2104, 2201. Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes and/or to the Department of Human Services Division of Support Enforcement and Recovery for use in child support enforcement procedures. No further use will be made of your social security number. It shall be treated as confidential tax information pursuant to 36 MRSA §191 and confidential support enforcement information pursuant to 19-A MRSA §2152.

8. Mailing Address: _____ 9. City, State & Zip: _____

10. Daytime Telephone # _____ - _____ - _____ 11. License Being Renewed: _____

12. Training Used for Renewal: Refresher CEH Both NAED Card (circle one and include certificate copies)

13. Have you ever been convicted* of any criminal offense**?..... ___ 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, Operating After Suspension or Criminal Speed.

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

15. Have any of those convictions/Infractions been since you last renewed?..... ___ Yes ___ No
If Yes, please attach the following:

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.

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

17. Have you ever had any action taken against any professional license or certification you currently hold or have ever held?..... ___ Yes ___ No

(If you checked "Yes" to questions 13, 14, 15 16 or 17 above, you must submit all requested information and complete page 2 of this form)

18. I certify that the statements contained in this application are correct to the best of my knowledge and that I am eligible for licensure at the level requested in accordance with Maine statutes and EMS rules. I understand that this license, as issued, allows me to administer only those treatments or provide emergency medical dispatch services authorized under the Maine EMS Rules and Maine EMS protocols governing this licensure level. I understand that the Maine EMS Quality Assurance /Quality Improvement (QA/QI) process is an integral part of being a licensed Maine EMS provider or emergency medical dispatcher and I agree to participate in the Maine EMS QA/QI system in accordance with criteria approved and published by the Board. I understand and agree that QA/QI information pertaining to me may be shared amongst recognized participants within the Maine EMS QA/QI system. 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 license by Maine EMS.

Applicant Signature: _____ Date: _____

19. EMD Center Employment Verification: (Emergency Medical Dispatcher [EMD] Licenses Only)

I Certify that the applicant/licensee is employed by the licensed emergency medical dispatch center, noted below:

Center Director Signature: _____ Date: _____

Center Name: _____

Offense, Pending Charge or Action Against a Professional License:	Date of Offense:	Location of Offense:	Name of Authority/Court:	Action Taken:

➤ **Review and Correct/Complete required sections by clearly printing (in ink) and attach required documentation. There is no fee required with renewal applications. If you answered "Yes" on 13, 14, 15, 16, or 17. Please fill out the back of this form.**

Mail your signed application (photocopied signatures cannot be accepted) to: **Maine EMS**

<p>FOR OFFICE USE ONLY</p> <p>Approved by: _____ Course Date: _____</p> <p>Refresher date: _____ CEH date: _____</p>

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