



## EMR/ EMT Course Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

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The following documentation must be available for individuals to complete the course.

1. Proof of High School diploma or its equivalent, such as a college transcript, GED, etc.
2. Birth Certificate or other verifiable evidence of the applicant's date of birth, i.e. driver's license

The following documentation must be submitted for individuals who are applying for initial licensure after course completion to the Montana Board of Medical Examiners.

1. Proof of High School diploma or its equivalent, such as a college transcript, GED, etc.
2. Birth Certificate or other verifiable evidence of the applicant's date of birth, i.e. driver's license.
3. Current NREMT card or American Board of Pre-Hospital Care Board Certification or proof of state licensure equal to or greater than the level applying for.
4. RESULTS of a current self-query on the National Practitioners Databank (letter unopened).

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YES  NO. Have you ever previously applied for a license to practice at any level?

YES  NO. Have you ever been denied licensure or the opportunity to take a professional licensing examination in any state or country? If yes, attach a detailed explanation.

YES  NO. Has a licensing agency ever taken adverse or disciplinary action against any license you hold? If yes, attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

YES  NO. Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license as a result of any of the following:

- Having a complaint filed against you;
- Entering into a consent agreement with respect to your license as a result of a complaint;
- During an investigation or during disciplinary proceedings?

If yes, attach a detailed explanation identifying each occasion, the date and the substance of the allegations.

YES  NO. Has a complaint ever been made against you alleging unethical behavior, standard of care issues or unprofessional conduct? If yes, attach a detailed explanation.

YES  NO. Have you voluntarily or involuntarily surrendered any hospital privileges, health maintenance organization participation, Medicare/Medicaid privileges, or other privileges during a pending investigation, or in anticipation of an investigation, or had such privileges reprimanded, denied, restricted, suspended, placed on probation, revoked or subjected to other sanction or action?

If yes, attach a detailed explanation identifying each occasion, the date and the substance of the allegations.

YES  NO. Has any legal or disciplinary action been filed against you, which relates to your propriety of, or your fitness to practice this profession (including malpractice, etc.)?

If yes attach a detailed explanation of each instance.

YES  NO. Have you ever voluntarily or involuntarily surrendered the privilege to prescribe or dispense any drug, including but not limited to controlled substances, or had such privileges investigated, denied, restricted, suspended, revoked or otherwise modified by any governmental agency, including but not limited to the Drug Enforcement Administration, any state licensing or disciplinary court or other entity?

If yes, attach a detailed explanation.

YES  NO. Have you ever been expelled from or asked to resign from any professional organization or been censured by a professional organization of which you were a member?

If yes, attach a detailed explanation.

YES  NO. Do you have criminal charges pending or have ever plead guilty, forfeited bond, or been convicted of a crime (including plea of no contest or deferred prosecution) whether or not an appeal is pending? You may omit: (1) payment of traffic misdemeanor fines and (2) charges or convictions prior to your 16th birthday.

If yes, please attach a detailed explanation.

YES  NO. Do you have any physical or mental condition(s) which may have or has adversely affected your ability to practice this profession, including but not limited to a contagious or infectious disease involving serious risk to the public?

If yes, attach a detailed explanation

YES  NO. Have you used alcohol or any other mood-altering substance in a manner which may have or has adversely affected your ability to practice this profession?

If yes, attach a detailed explanation.

YES  NO. List all certification/licenses that you hold or ever held, including EMT levels.

Verifications for each license must be sent directly to Montana from each state certification/licensing board.

State	License # and Type	Date Issued	Expiration Date	Licensure Method
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other

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I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date