



New Hampshire Department of Safety

Division of Fire Standards and Training & Emergency Medical Services

BUREAU USE ONLY

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New Hampshire Bureau of EMS Provider License Application

Type of Application: <small>(CHECK ONLY ONE)</small>	NEW <small>(Never Licensed)</small>	RENEWAL	LEVEL CHANGE	LAPSED <small>(Expired)</small>			
License Type:	EMR	EMT	AEMT	Paramedic	Apprentice	First Responder	Naloxone Provider
Section 1: APPLICANT INFORMATION							
Full Legal Name:						NH PROVIDER LICENSE #	
Mailing Address: Street / PO Box: Town/City:						State:	Zip:
Preferred Phone Number: Cell Work Home						Date of Birth:	
Personal Email Address:						Gender:	M F
Section 2: NATIONAL REGISTRY CERTIFICATION (Attach legible copies of current certification)							
National Registry Number:				National Registry Expiration Date:			
Section 3: AFFILIATION STATUS							
Section 3a: UNIT AFFILIATION(S)							
Unit Name:							
<i>I attest that the applicant, for whom this application is being signed, is affiliated with the licensed NH EMS Unit listed above.</i>							
Head of Unit Signature:						Date:	
Head of Unit Name (printed):						Title:	
Section 3b: NON AFFILIATION STATUS							
By checking this box, I attest that I am not affiliated with any licensed EMS unit in the State of New Hampshire and am applying for licensure as non-affiliated.							
Section 4: SIGNATURE							
<i>By signing below, I certify the following</i>							
<ul style="list-style-type: none"> a. All information provided on this application is complete, truthful, and correct under the penalties of unsworn falsification pursuant to RSA 641:3. b. I have not been convicted or found guilty of an offense pursuant to RSA 153-A:13 I, (for additional information refer to Section A2) c. I agree to comply with RSA 153-A and Saf-C 5900 d. I understand any material falsification of information shall result in license denial, suspension, or revocation, in accordance with Saf-C 5922.03 or Saf-C 5922.05 and may be grounds for a misdemeanor conviction pursuant to RSA 641:3. e. I have not been subject to limitation, suspension from, or under revocation or probation of the ability to practice in a health care occupation or voluntarily surrendered a health care license in any state or to any agency authorizing the right to work. 							
<i>If you are uncertain if a past incident violates one or more of the acts or offenses prohibited in the above Certifying Statement, please attach to your application a detailed explanation including the current status of the act(s) or offense(s) and provide relevant documentation concerning any charge(s), disciplinary action(s) disposition(s) and outcome(s).</i>							
Applicant Signature:						Date:	
Parent or Legal Guardian Signature: <small>For Apprentice Applicants</small>						Date:	

Section 5: FIRST RESPONDER NALAXONE PROVIDER AFFILIATION TO A NON-EMS UNIT

I swear or affirm that the candidate named on this application is affiliated with the non-licensed department listed below.”

Agency Name:

Head of Department Signature:
(Chief or Authorized Signature)

Date:

Head of Department Name (printed):

Title:

Section 6: INFORMATION PURPOSES ONLY

Applicant Status with Primary Unit (check one) Full-Time Part-Time Call * 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.

EXPLANATORY INFORMATION

Section A1: REQUIREMENTS FOR LICENSURE

Checklist: The following documentation is included with this application:

» **NOTE: When documentation is submitted with the application it can be processed in a more timely fashion.**

Complete the **NH EMS Provider License Application** with all information and **required signatures****

For NEW or LAPSED applicants – a completed Criminal History Record Information (CHRI) release form is required (per RSA 151-A:10-a)

Include legible photocopies of appropriate certification documentation as follows:

- a. If a GRANDFATHERED NHEMT – current NH “Certificate of Completion” & current CPR card that meets the standard of the American Heart Association CPR at the Healthcare Provider Level
- b. NATIONALLY REGISTERED (NR) – current NR wallet card
- c. If APPRENTICE – current CPR card (as above), and Apprentice Affiliation form(s) from Head of Unit.
- d. If FIRST RESPONDER NALAXONE PROVIDER (**Narcan only**) – current CPR certification that meets the standard of the American Heart Association CPR at the Healthcare Provider level; First Aid certification that follows the OSHA Best Practices Guide: Fundamentals of a Workplace First Aid Training Program; and, proof of completion of the Division of FST&EMS developed opioid antagonist (Narcan) training program, skills verification completed/signed skill sheets.
- NH Scope of Practice Module Program(s) – associated with applicable licensure level, **EMR or higher**. (verified by NHBEMS personnel)
- Protocol Examination verification – EMR and higher (certificate must match the licensure level for that being applied for and be submitted with application).

Section A2: CERTIFICATION STATEMENT

Offenses pursuant to 153-A:13:

- (1) I have not been determined to be mentally incompetent by a court of competent jurisdiction.
- (2) I have not been guilty of any of the following acts or offenses:
 - (a) Negligent or incompetent in performing authorized services.
 - (b) Negligent, unsafe, or illegal operation of an emergency medical service vehicle, or negligent or unsafe use or maintenance of the safety systems of an emergency medical service vehicle.
 - (c) Rendering unauthorized treatment.
 - (d) Unauthorized disclosure of information regarding an individual who has received care or the services rendered to an individual.
 - (e) Fraud in procuring a license.
 - (f) Fraud in representations as to skills or ability.
 - (g) Knowingly making misleading, deceptive, untrue, or fraudulent representations or engaging in unethical conduct including, but not limited to, conduct likely to deceive, defraud, or harm the public or demonstrating a willful or careless disregard for the health or safety of a client/patient or practice harmful or detrimental to the public. (Proof of actual injury need not be established.)
 - (h) Violating a statute of this state, another state, or the United States, without regard to its designation as either a felony or misdemeanor, which relates to the practice of an emergency medical care provider. A certified copy of the record of conviction or plea of guilty is prima facie evidence of a violation.
 - (i) Having a license or registration to practice as an emergency medical care provider revoked or suspended, or having other disciplinary action taken by a licensing or registering authority of another state, territory, country, or the National Registry of Emergency Medical Technicians. A certified copy of the record or order of suspension, revocation, or disciplinary action is prima facie evidence of such action.
 - (j) Illegal drug use.
 - (k) Delivering emergency medical care while drug or alcohol impaired.
 - (l) Willful or repeated violations of RSA 153-A Emergency Medical and Trauma Services or Saf-C 5900 administrative rules.

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Section A3: NOTICE TO ALL APPLICANTS

**Authority: NH RSA 153-A:11 & RSA 153-A:10-a (Effective January 1, 2017)
& 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. **In addition to submitting the “NH EMS NEW or LAPSED EMS Provider License Application”** to the NH Bureau of EMS, **all new applicants or lapsed/relicensing provider applicants** shall submit a **notarized Criminal History Record Information (CHRI)** authorization release form. The applicant shall also submit with the release form a complete set of fingerprints or LiveScan receipt, and a check for \$48.25 made payable to “State of NH-CRU”.
3. Regardless of the number of NH EMS Unit affiliations, only one Provider license is required. Personnel affiliated with more than one NH EMS Unit will indicate on the Provider application form the name of the unit considered to be the “primary” affiliation and then list other affiliations, as appropriate.
4. For all levels of Nationally Registered EMS Providers, NH EMS Provider licensure is valid for up to two (2) years. NH licensure for Nationally Registered EMT, AEMT or Paramedic **expires on April 30th**. Licensure for NR EMR expires on **October 31st**.
5. Non-nationally registered EMT’s (NHEMTs grandfathered in the system) are required to relicense annually by December 31st. Any of these individuals whose certification lapses will be required to become Nationally Registered in order to relicense in the NH EMS system.
6. Recertification at the appropriate level and re-licensure with the NH Bureau of EMS prior to the expiration date of the license is an individual Provider’s responsibility.
Important Note: A Provider without a current EMS Provider’s license cannot legally practice patient care until a valid provider license is obtained. Pursuant to RSA 153-1:21 any person implying they are a licensed EMS Provider or provides EMS patient care without a valid license shall be guilty of a misdemeanor for the first offense and a class B felony for subsequent offenses.
7. For purposes of record-keeping, all licensed providers are encouraged to submit legible photocopies of their current Provider Licenses and all EMS certifications to each affiliated EMS Unit.

**Mail completed NH EMS NEW or LAPSED EMS Provider License Application ** with legible photocopies
AND all documents required for CHRI (see #2 above) to:**

NHFSTEMS • Attention: EMS Licensing Coordinator • 33 Hazen Drive • Concord, NH 03305

**** NO faxes will be accepted.**