

## Applying for an EMS Basic Training Permit

The training permit actually has two uses; part of a legal crew on a BLS ambulance and authorization to participate in clinical activities within a training program. The first is for a individuals that needs to be used as part of a licensed crew as described in DHS 110.50(1)(a) on an EMT-Basic ambulance for an EMT-Basic service. If the service is licensed above the level of EMT-Basic, this option is not available to the individual. This Basic Training Permit application is between the individual applicant, the service director, and the medical director. The Basic Training Permit (ONLY FOR PART OF A LICENSED EMT-BASIC SERVICE) application is found in the [E-Licensing System](#) under "Apply for a License".

Once you are participating and enrolled in a basic EMT training course and meet all the requirements in DHS 110.15 you are ready to apply for a Basic Training Permit. You must log into the WI EMS *E-Licensing* system.

See the image below of the [E-Licensing](#) home page.

**Wisconsin EMS E-LICENSING**

Now Available!  
PUBLIC LOOK UP!  
Consistent with JCAHO and NCQA standards for primary source verification.  
Click [HERE](#) to be directed to the information!

Welcome to Wisconsin EMS E-Licensing!

If you hold a current EMS Provider license, you already have an E-Licensing account. Please **DO NOT** create a new account as it will not contain any of your license history and will just be deleted.

You may recover your user name and password through the "forgot password" function above. If your email address is not on file, contact the EMS Section at 608-266-1568, for account assistance.

**Administrative Fees**  
Effective January 1, 2011  
Under Administrative Rule DHS 110

Administrative fee of \$75 must be submitted for any **REINSTATEMENT** application submitted between 07/01/2011 to 06/30/2012.

Administrative fee of \$50 must be submitted with any **RECIPROCITY** application submitted after 01/01/2011.

Administrative fee of \$25 must be submitted for all **Verification of Licensure** requested.

Administrative fee of \$30 will be charged for all renewal notices returned due to an invalid address DHS 110.16(1)(c)

We are working on the credit card payment system within E-licensing. Until this is operational all fees will need to be submitted via cashiers check or money order made out to the "Department of Health Services" and submitted to:

WI EMS Section – Licensing  
1 W Wilson St, Room 372  
PO Box 2659  
Madison, WI 53701-2659

User Name:

Password:

[Login](#) [Forgot Password](#) [Forgot User Name](#)

If you have never held a Wisconsin EMS Provider license and not been enrolled in a Wisconsin EMS course, you must create a new account.

[Create Account](#)

[Contact us](#) | [Disclaimer](#) | [Employment](#) | [Privacy notice](#)

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You will use the User name and password that you selected when you created your account in [the E-Licensing](#) system. If you have forgotten your password or user name, you can select the "Forgot Password" button or the "Forgot User Name" button to assist you with the recovery of your information.

The next page that you will see (image below) is the account profile page. This is the page that you will use to update and of your demographic information such as address changes, updated email address, update your CPR, and any other information that you need to update for your EMS profile.



Now Available!  
PUBLIC LOOK UP!  
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Click [HERE](#) to be directed to the information!

[Apply For A License](#) | [Update Profile](#) | [Continue Application](#) | [Logout](#)

**Account Demographics**

**Name:** JACK SPARROW

**Social Security Number:** xxx-xx-6789

**Birth Date:** Saturday, December 12, 1992

**Gender:** Male

**Address:** 1 WEST WILSON  
ROOM 372  
Madison, Wisconsin 53701

**Home Phone:** 608-266-1568

**Email:** helen.pullen@wi.gov

**Alerting Delivery Method:** Email

**Registered:** November 1, 2011 at 12:49 PM

**Last Updated:** November 2, 2011 at 10:53 AM

**User Certification Information**

**State Certification Level:** EMT-Basic

**State Certification Issue Date:** 11/01/2011

**State Certification Expiration Date:** 06/30/2014

**CPR Expiration Date:**

**ACLS Expiration Date:**

**PALS Expiration Date:**

[Edit Profile](#)

[Click here to see your current services.](#)

**Current Applications**

**User: JACK SPARROW**

**License: Local Credential Agreement (Initiated on 11/02/2011)** **Status: Issued**

Form	Package	Requested	Completed	Actions
Local Credential Agreement (Applicant) - 2010	Local Credential (Applicant) - 2010	Wed 11/2/11	Wed 11/2/11	<a href="#">View</a>
Local Credential Agreement (Operations Manager) - 2010	Local Credential (Operations) - 2010	Wed 11/2/11	Wed 11/2/11	<a href="#">View</a>
Local Credential Agreement (Medical Director) - 2010	Local Credential (Medical Director) - 2010	Wed 11/2/11	Wed 11/2/11	<a href="#">View</a>

**User: JACK SPARROW**

**License: 2012-2014 Provider Renewal (Initiated on 11/01/2011)** **Status: In Process**

Form	Package	Requested	Completed	Actions
2012-2014 Renewal Part 1: EMS Work Force Survey	2012-2014 Provider Renewal	Tue 11/1/11	Tue 11/1/11	<a href="#">View</a>
2012-2014 EMS Provider Renewal	2012-2014 Provider Renewal	Tue 11/1/11		<a href="#">Continue</a>

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Once logged into your account, click on “Apply for a License” as shown below.

Wisconsin EMS LICENSING

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Click [HERE](#) to be directed to the information!

Apply For A License | **Update Profile** | Continue Application | Logout

Record updated successfully

Account Demographics

Name: JACK SPARROW

After the next page comes up, scroll down and you will see the various documents available to you as shown below. You will want to select the “Basic Training Permit Application (ONLY FOR PART OF A LICENSED EMT-BASIC SERVICE) - Close date: Jun 30, 2020” application as shown in the image below.

Wisconsin EMS LICENSING

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Click [HERE](#) to be directed to the information!

Apply For A License | Update Profile | Continue Application | Logout

Information for Renewal  
Completion of the workforce survey is required prior to receiving your renewal application.

Applications Accepted Online


- 06-2011 Provider Reinstatement - Close date: Jun 30, 2012
- Basic Training Permit Application (ONLY FOR PART OF A LICENSED EMT-BASIC SERVICE) - Close date: Jun 30, 2020**
- Basic Training Permit Local Credentialing Application (MUST HAVE A TRAINING PERMIT TO USE THIS FOR AN EMT-BASIC SERVICE ONLY) - Close date: Jun 30, 2020
- EMS INSTRUCTOR I LICENSE - Close date: Jun 20, 2020
- EMS INSTRUCTOR I LOCAL CREDENTIALING AGREEMENT(MUST HAVE INSTRUCTOR I LICENSE BEFORE THIS IS COMPLETED) - Close date: Jun 30, 2020
- EMS INSTRUCTOR II LICENSE - Close date: Jun 30, 2020
- EMS INSTRUCTOR II LOCAL CREDENTIALING AGREEMENT(MUST HAVE INSTRUCTOR II LICENSE BEFORE THIS IS COMPLETED) - Close date: Jun 30, 2020
- EMS Personnel Initial License Application - Close date: Dec 31, 2020
- Local Credentialing Agreement - Close date: Apr 8, 2020
- Out-of-State Trained Applicants Only - Verification of License Form - PRINT and MAIL form as directed - Close date: Dec 31, 2020
- Out-of-State Trained Applicants Only - Verification of Out-of-State Education - PRINT and MAIL form as directed - Close date: Dec 31, 2020
- Provider Downgrade Application - Close date: Jun 30, 2020
- Provider Upgrade Application - Close date: Jun 30, 2020
- Reciprocity License 8-2011 (FOR USE FOR OUT OF STATE EDUCATION OR OUT OF STATE LICENSURE) - Close date: Aug 28, 2012

Contact us | Disclaimer | Employment | Privacy notice

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Once you select the “Basic Training Permit Application (ONLY FOR PART OF A LICENSED EMT-BASIC SERVICE) - Close date: Jun 30, 2020” application you will see, the image below. You will need to select the “start” link.



Now Available!  
PUBLIC LOOK UP!  
Consistent with JCAHO and NCQA standards for primary source verification.  
Click [HERE](#) to be directed to the information!

[Apply For A License](#) | [Update Profile](#) | [Continue Application](#) | [Logout](#)

Note added successfully

**Current Applications**

**User: JACK SPARROW** [Remove](#)

**License: Basic Training Permit Application (ONLY FOR PART OF A LICENSED EMT-BASIC SERVICE)** **Status: In Process**  
(Initiated on 11/02/2011)

Form	Package	Requested	Completed	Actions
1-2011 EMT-Basic Training Permit Application 1-2011	1-2011 Basic Training Permit Application 1-2011	Wed 11/2/11		<a href="#">Start</a>

Once you have clicked on the start link, you will see a screen (shown below), that is the application for you to complete. You must complete the entire application. The red arrows indicate information you will need to add to your the “Basic Training Permit Application (ONLY FOR PART OF A LICENSED EMT-BASIC SERVICE) - Close date: Jun 30, 2020” application. If all of this information is not added, you will receive an email from the WI [E-Licensing](#) system indicating that you have an incomplete application.

Once your application has been completed, you must electronically sign your application, using your user name and password.



Now Available  
PUBLIC LOOK UP!  
Compliant with JCAHO and NCCA standards for primary source verification.  
Click [HERE](#) to be directed to the information!

Apply For A License | Update Profile | Continue Application | Logout

1,001 EMT Basic Training Permit Application (2011)  
View Candidate Profile | Print Form

REGULATORY INFORMATION  
INSTRUCTIONS



This form is authorized under s. 205, Wisconsin Statutes and s. 110, Wis. Admin. Code. Completion of this form is required for receipt of an EMT basic training permit. Permittees identify themselves, including social security number, as required and used by the EMS division for licensing purposes only.

The EMS division will complete this form if you are requesting to take the place of a legal class member or an EMSR Basic seat permit.

You will receive an email when your permit has been received. You may not begin practicing as a trainee until your permit is received. This must practice under direct supervision of a licensed EMT or at all times under the permit.

PERSONAL INFO

\* First Name:

Middle Name:

\* Last Name:

\* Address:

Room #/2:

City:

State:

Postal Code:

County:

Email:

Date of Birth:

SSN:

Home Phone:

Cell Phone:

Work Phone:

\* Gender:

\* Race:

CRIMINAL HISTORY - FAILURE TO PROVIDE THIS INFORMATION WILL DELAY PROCESSING OF YOUR APPLICATION

The Fair Employment Act (Wisconsin 111.31-111.35, Wis. Stat.) prohibits employment discrimination on the basis of conviction or arrest record unless the circumstances of the conviction or arrest demonstrably relate to the qualifications of the particular job or licensed activity. The information requested on this form is used to determine whether a conviction/arrest should be granted, approved with limitations or denied. The information you provide on this form may be verified against criminal information records. Failure to provide requested information on this form will be considered a false statement on an application.

\* Have you ever been convicted of a felony or misdemeanor (offense) in Wisconsin or in any other state?

If yes, you must add each offense below and submit the following information for each conviction to the EMS Office, P.O. Box 2020, Madison, WI 53701-2020: (1) conviction/arrest complaint (available from the clerk of courts in the county you were convicted); (2) judgment of conviction (available from the clerk of courts in the county you were convicted); (3) if currently under supervision, notification of current compliance with supervision; if supervision in compliance, notification of discharge from probation/parole; (4) notification of compliance with all terms of your court order, including chemical dependency assessment (if ordered by the court).

Your application will not be processed without this information. Circuit Court Access Program (CCAP) documents from the Internet or Crime Information Bureau (CIB) reports from the Department of Justice are not acceptable. To add offense information, click ADD, enter all details then click ADD again.

Name of Offense	Date	Location	Name of Authority/Court	Action Taken	Details
None					

PENDING CRIMINAL HISTORY

\* Do you have any pending felony or misdemeanor charges at this time?

If yes, you must add each pending charge and its current status below. For each pending charge, you must submit the following to the EMS Office, P.O. Box 2020, Madison, WI 53701-2020: (1) conviction/arrest complaint (available from the clerk of courts in the county you were charged); (2) any other information you wish to be considered.

Your application will not be processed without this information. Wisconsin Circuit Court Access Program (CCAP) documents from the Internet and the Crime Information Bureau (CIB) report from the Department of Justice are not acceptable. To add offense information, click ADD, enter all details then click ADD again.

Name of Offense	Date	Location	Name of Authority/Court	Action Taken	Details
None					

TRAFFIC OFFENSES

\* During the past 10 years, has your driver's license been suspended, restricted or withdrawn?

If yes, you must add each traffic offense below and submit a copy of a current driver license obtained by the EMS Office, P.O. Box 2020, Madison, WI 53701-2020. Only an official driver license abstract from the Wisconsin Department of Transportation is acceptable. Do not send a copy of a driving record from a local law enforcement agency or any other source. Abstracts are available by calling (608) 261-2500.

Your application will not be processed without this information. Wisconsin Circuit Court Access Program (CCAP) documents from the Internet are not acceptable. If your offense occurred while a resident of another state, contact that state for your driver license abstract. To add offense information, click ADD, enter all details then click ADD again.

Name of Offense	Date	Location	Name of Authority/Court	Action Taken	Details
None					

CPR CERTIFICATION

\* CPR Sponsor:

\* CPR Expiration Date:

Verification: Training Center

\* Course Number:

\* Instructor e-mail:

\* Course Completion Date:

\* Location:

\* Expiration date:

APPLICANT CERTIFICATION

\* Username:

\* Password:

I certify that the above information is true and complete, that I meet the qualifications for a training permit under s. 205, Wis. Stat. and Chapter DHS 110, Wis. Admin. Code, that I am 17 years of age or older and that I am capable of performing the duties of an EMT. I further certify that I have current CPR from an approved sponsor and will provide a copy of such immediately upon request.

I am also certifying that I have successfully obtained 40 hours of classroom experience and have met the requirements of the EMT Basic Training Permit.

**I FURTHER UNDERSTAND AND ACKNOWLEDGE THAT IF I ANSWERED "YES" TO THE CRIMINAL AND/OR DRIVING HISTORY QUESTIONS AS ABOVE, I MUST SUBMIT VERIFICATION OF THIS OFFENSE A TRAINING PERMIT WILL BE ISSUED.**

The next screen you will see will look like this, see the image below.

Wisconsin  
EMS  
-LICENSING

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Click [HERE](#) to be directed to the information!

[Apply For A License](#) | [Update Profile](#) | [Continue Application](#) | [Logout](#)

Note added successfully

**Current Applications**

**User: JACK SPARROW**

**License: Basic Training Permit Application (ONLY FOR PART OF A LICENSED EMT-BASIC SERVICE) (Initiated on 11/02/2011)**      **Status: Received / Needs Review**

Form	Package	Requested	Completed	Actions
1-2011 EMT-Basic Training Permit Application 1-2011	1-2011 Basic Training Permit Application 1-2011	Wed 11/2/11	Wed 11/2/11	<a href="#">View</a>

After you have completed the application successfully your will receive this email, from the [E Licensing](#) system to the email address that you have in your [E Licensing](#) profile.

Subject: EMS Provider Application Received

Dear Applicant,

Thank you for your application for an EMS Provider license. Applications are processed in the order we receive them. Please refer to our website at [www.dhs.wisconsin.gov/ems](http://www.dhs.wisconsin.gov/ems) for the date we are processing. Please do not call the EMS office to check on the status of your application. If we need additional information, we will contact you via email. Once your license is issued, you will receive an email directing you to log into *E-Licensing* where you will be able to print your license.

Please do not complete a Local Credential Agreement until you are properly licensed. Once your license has been issued, you may then log into your *E-Licensing* account and complete a Local Credential Agreement. You must be locally credentialed with a Wisconsin EMS Agency prior to practicing as an EMS Provider in the State of Wisconsin.

Please remember to keep your *E-Licensing* profile up to date at all times. It is critical that you have access to the email address entered in *E-Licensing* so that you receive all important correspondence pertaining to any application or license. Please add [dhsamssmail@wisconsin.gov](mailto:dhsamssmail@wisconsin.gov) to your "safe" list so that our correspondence does not get filtered as [junk mail](#).

Thank you for your interest in Wisconsin EMS!

The Wisconsin EMS Section

After you have received this email, the WI EMS Office staff will be alerted that your application has been completed and is ready for review. Once the office staff has reviewed the application, it will either be approved or the applicant will be notified by email as to what information is still needed to complete the process. If you do not get an email within five business days, please contact the WI EMS Office. Once the application is approved you will receive an email like the email below.

Cc:  
Subject: License Application Approval

Congratulations! Your EMS Provider license has been issued. You may now log into *E-Licensing* at <https://www.wi-emss.org/public/wisconsin> to print a copy of your license. Currently, *E-Licensing* is supported on Windows using Internet Explorer (IE) only. Although it may function, some features may not display properly on a Mac or with other browsers, such as, Firefox or Safari. If you are using a browser other than IE and are experiencing problems with any pdf document, please try again using IE.

In Wisconsin, you must be credentialed with a licensed EMS Agency to be able to operate or practice as an EMS Provider. This must be completed prior to practice by logging into *E-Licensing* and completing a "Local Credential Agreement."

Please remember that it is your responsibility to keep your *E-Licensing* profile up to date at all times. It is critical that you have access to the email address entered in *E-Licensing* so that you receive all important correspondence pertaining to your license. Please add [dhsamssmail@wisconsin.gov](mailto:dhsamssmail@wisconsin.gov) to your "safe" list so that our correspondence does not get filtered as junk mail.

Again, congratulations and thank you for your interest in Wisconsin EMS!

Wisconsin EMS Section



Once you have received this email shown above, you must log back into your WI [E Licensing](#) account and you will see this screen.

Wisconsin  
**EMS**  
-LICENSING

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Click [HERE](#) to be directed to the information!

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**Current Applications**

**User: JACK SPARROW**

**License: Basic Training Permit Application (ONLY FOR PART OF A LICENSED EMT-BASIC SERVICE)** **Status: Issued**  
(Initiated on 11/02/2011)

Form	Package	Requested	Completed	Actions
1-2011 EMT-Basic Training Permit Application 1-2011	1-2011 Basic Training Permit Application 1-2011	Wed 11/2/11	Wed 11/2/11	<a href="#">View</a>
License Card EMT-Basic Training Permit	License Card EMT-Basic Training Permit	Wed 11/2/11		<a href="#">Start</a>

When you see this screen, where the red arrow is, click on the “Start” button and you will be able to see and print your Basic Training Permit (ONLY FOR PART OF A LICENSED EMT-BASIC SERVICE). If you need assistance, please contact the WI EMS Office.

Before you are able to provide patient care and be on a service roster, you must complete a Local Credentialing Agreement with the service to be a legal crew member. Without having a service shown on this page, you are NOT a legal crew member and are in violation of DHS 110, and will face disciplinary action against your WI EMS Basic Training Permit and future EMS License.

Once you’re a local credentialing agreement is approved, and you are added to the roster, you are also added to the service WARDS roster as well. You will need to contact your service director for user access to the service WARDS page, so that you are able to complete your runs in the WARDS system.

If you have any questions, please contact the WI EMS office.