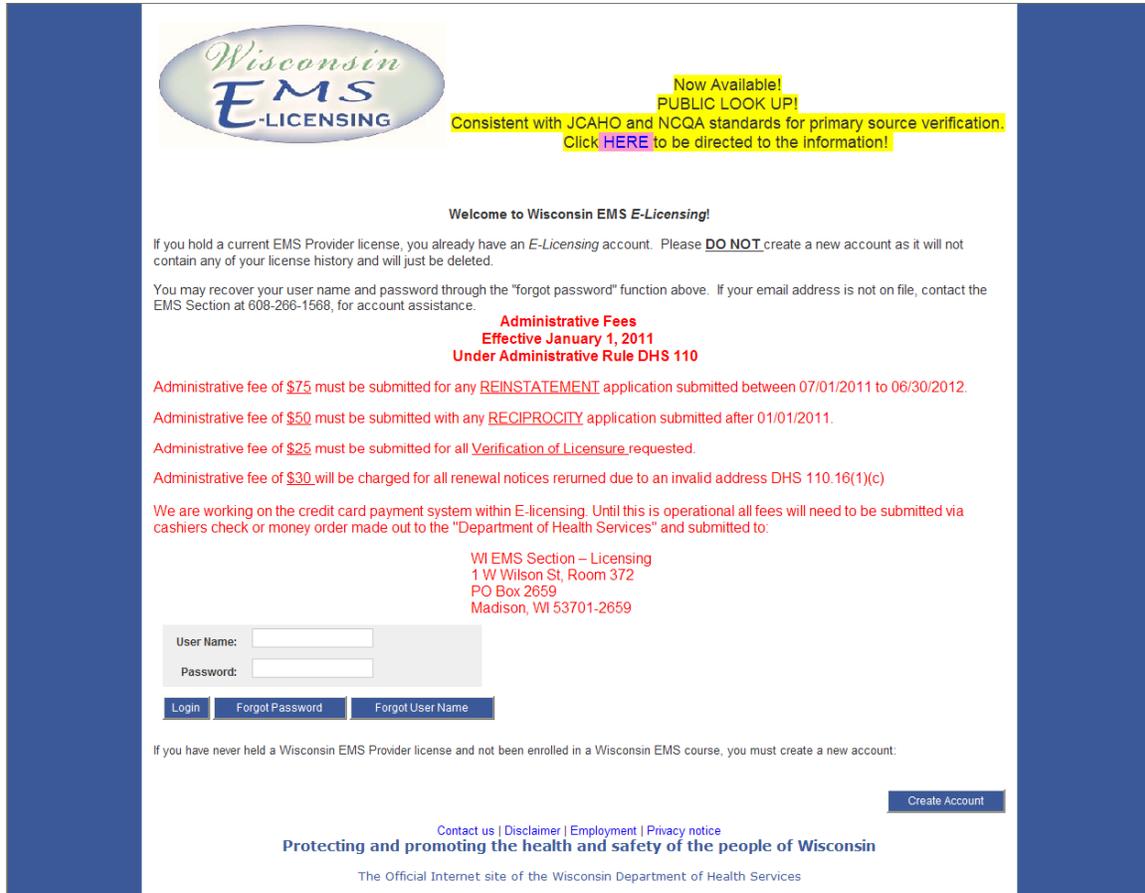


Applying for an EMS Personnel License

When applying for an initial WI EMS license, you must log into the WI EMS [E-Licensing](#) system. (See the image below of the [E-Licensing](#) home page).



The screenshot shows the Wisconsin EMS E-Licensing website. At the top left is the logo for Wisconsin EMS LICENSING. To the right, there is a yellow banner that reads: "Now Available! PUBLIC LOOK UP! Consistent with JCAHO and NCQA standards for primary source verification. Click HERE to be directed to the information!". Below the banner, the text says "Welcome to Wisconsin EMS E-Licensing!". A paragraph follows: "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." Another paragraph states: "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." A section titled "Administrative Fees Effective January 1, 2011 Under Administrative Rule DHS 110" lists several fees: "\$75 must be submitted for any REINSTATEMENT application submitted between 07/01/2011 to 06/30/2012.", "\$50 must be submitted with any RECIPROCITY application submitted after 01/01/2011.", "\$25 must be submitted for all Verification of Licensure requested.", and "\$30 will be charged for all renewal notices returned due to an invalid address DHS 110.16(1)(c)". A note says: "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:". The contact information for the WI EMS Section – Licensing is provided: "1 W Wilson St, Room 372, PO Box 2659, Madison, WI 53701-2659". Below this is a login form with fields for "User Name:" and "Password:", and buttons for "Login", "Forgot Password", and "Forgot User Name". A "Create Account" button is located at the bottom right. At the very bottom, there are links for "Contact us | Disclaimer | Employment | Privacy notice", the slogan "Protecting and promoting the health and safety of the people of Wisconsin", and the text "The Official Internet site of the Wisconsin Department of Health Services".

Wisconsin EMS LICENSING

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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](#)

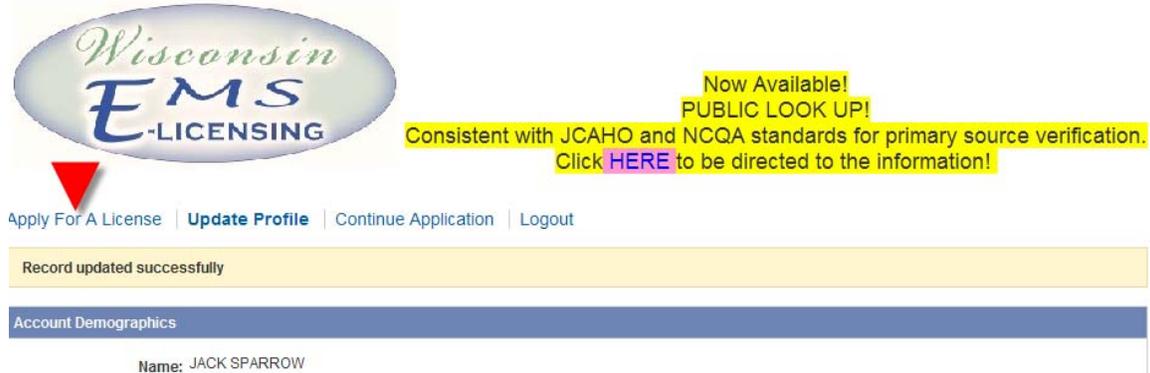
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Once you complete an EMS course and meet all other licensing requirements in DHS 110.06, log into [E-Licensing](#).

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



Wisconsin EMS LICENSING

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](#)

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.



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 II LICENSE - Close date: Jun 30, 2020
- EMS Personnel Initial License Application - Close date: Dec 31, 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 26, 2012

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If you have **never been issued a Wisconsin EMS Personnel license** in the past, select, “EMS Personnel Initial License Application.” (This application assigns you a new EMS Personnel license number)

Wisconsin EMS LICENSING

Now Available!
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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](#)

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 II LICENSE](#) - Close date: Jun 30, 2020
- [EMS Personnel Initial License Application](#) - Close date: Dec 31, 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 26, 2012

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The next screen you will see will look like this;



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](#)

Current Applications

User: JACK SPARROW				Remove
License: EMS Personnel Initial License Application (Initiated on 11/01/2011)				Status: None
Form	Package	Requested	Completed	Actions
EMS Provider Initial License Application	EMS Personnel License Application Package	Tue 11/1/11		Start

Click on the blue link that says start on the screen. Once you have clicked on the start link, you will see a screen that looks like this, that is the application for you to complete.

The screenshot shows the 'Wisconsin EMS LICENSING' website. At the top, there is a navigation bar with links: 'Apply For A License', 'Update Profile', 'Continue Application', and 'Logout'. Below this is a blue header for 'EMS Provider Initial License Application' and a green sub-header for 'Applicant Information (STEP 1 OF 4)'. A yellow banner highlights a new feature: 'Now Available! PUBLIC LOOK UP! Consistent with JCAHO and NCQA standards for primary source verification. Click HERE to be directed to the information!'. The main content area is titled 'Instructions' and contains the Wisconsin EMS LICENSING logo and a disclaimer: 'This application is authorized under Chapter 256, Wis. Stats, and Chapter DHS 110, Wis. Admin. Code. Completion of the application is required for licensure as an EMS provider in the State of Wisconsin. Personally identifiable information, including your social security number, is required and used for licensure purposes only. Please complete each question.' Below the instructions is a section for 'Demographic Information - Information entered on this form will update your E-License profile!'. This section contains various input fields, many marked with a red asterisk to indicate they are required. The fields include: 'License Level Requested' (dropdown), 'First Name' (text, value: JACK), 'Middle Name' (text), 'Last Name' (text, value: SPARROW), 'Email' (text, value: helen.pullen@wi.gov), 'Address' (text, value: 1 WEST WILSON), 'Room' (text, value: ROOM 372), 'City' (text, value: Madison), 'State' (dropdown, value: Wisconsin), 'Postal Code' (text, value: 53701, with a 'Lookup' button), 'Date of Birth' (calendar, value: 12 / 12 / 1992), 'SSN' (text, value: 392 - 45 - 6789), 'County' (text, value: Dane), 'Gender' (dropdown), 'Primary Phone', 'Secondary Phone', 'Cell Phone' (all text fields), 'Race' (dropdown), and 'Are you Hispanic/Latino?' (radio buttons for Yes and No). At the bottom of the form is a 'Save and Continue' button. Below the form is a footer with links for 'Contact us', 'Disclaimer', 'Employment', and 'Privacy notice', followed by the text 'Protecting and promoting the health and safety of the people of Wisconsin' and 'The Official Internet site of the Wisconsin Department of Health Services'.

Wisconsin
EMS
LICENSING

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

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

EMS Provider Initial License Application

Applicant Information (STEP 1 OF 4)

[Applicant Information](#) | [Training Information](#) | [Other Information](#) | [File Upload and Applicant Certification](#)

Instructions

Wisconsin
EMS
LICENSING

This application is authorized under Chapter 256, Wis. Stats, and Chapter DHS 110, Wis. Admin. Code. Completion of the application is required for licensure as an EMS provider in the State of Wisconsin. Personally identifiable information, including your social security number, is required and used for licensure purposes only. Please complete each question.

Demographic Information - Information entered on this form will update your E-License profile!

* License Level Requested:

* First Name:

Middle Name:

* Last Name:

* Email:

* Address:

City:

State:

Postal Code:

* Date of Birth: / /

mm/dd/yyyy

* SSN: - -

County:

* Gender:

* Primary Phone: - -

Secondary Phone: - -

Cell Phone: - -

* Race:

* Are you Hispanic/Latino? Yes No

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You must complete all red asterisk fields, they are required and the page will not advance unless all required fields are completed. When you are finished click on the Save and Continue button at the bottom of the page.



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

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

EMS Provider Initial License Application

Training Information (STEP 2 OF 4)

[Applicant Information](#) | [Training Information](#) | [Other Information](#) | [File Upload and Applicant Certification](#)

EMS Training

- * What is your highest level of EMS training?:
- First Responder initial course
 - First Responder Refresher Course
 - EMT-Basic initial course
 - EMT-Basic Refresher Course
 - EMT-Intermediate Technician initial course
 - EMT-Intermediate Technician Refresher Course
 - EMT-Intermediate initial course
 - EMT-Intermediate Refresher Course
 - EMT-Paramedic initial course
 - EMT-Paramedic Refresher Course
 - Critical Care Paramedic Initial Course
 - Tactical EMS Initial Course

Name and Location of EMS Training Center:

Name of Course Instructor:

Course Completion Date: / / Today
mm/dd/yyyy

If you were trained outside Wisconsin, you must send the "Verification of Education" form to the school where you completed your EMS education.

CPR Certification

* Select your CPR course -- Select your CPR Course --

* Enter the expiration date on your CPR card /

- You may not practice as an EMS provider at any level if your CPR is expired. CPR must be at the healthcare professional level.
- You must retain proof of CPR certification and furnish a copy of your card immediately upon request.

ACLS Certification - required for Intermediate and Paramedic

Select your ACLS course -- Select course --

Enter the expiration date on your ACLS card /

- If you are licensed as an EMT-Intermediate or Paramedic, you may not practice if your ACLS is expired.
- You must retain proof of ACLS certification and furnish a copy of your card immediately upon request.

PALS/PEPP Certification - required for Intermediate and Paramedic

Select your PALS or PEPP (ALS level) course -- Select course --

Enter the expiration date on your PALS or PEPP (ALS level) card /

You must hold current PALS or PEPP (ALS level) certification for your initial Intermediate or Paramedic license. Although you are not required to retain it to renew your license, it is strongly recommended that you recertify prior to the expiration date.

National Registry of EMTs

* Do you hold current NREMT registration? Yes No

National Registry Certification Number:

Enter your NREMT expiration date / / Today

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You must complete all red asterisk fields, they are required and the page will not advance unless all required fields are completed. When you are finished click on the Save and Continue button at the bottom of the page.



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Consistent with JCAHO and NIOSA standards for primary source verification.
Click [HERE](#) to be directed to the information!

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

EMS Provider Initial License Application

[Other Information](#) | [Other Info](#)

[Applicant Information](#) | [Training Information](#) | [Other Information](#) | [File Upload and Applicant Certification](#)

Out of State Residence

* During the past 5 years, have you lived, worked, or attended school in another state for 60 days or more?
if yes, list states and dates

Military Discharge

* Have you ever been discharged from a branch of the US armed forces?
if yes, was your discharge other than honorable?
if yes, submit a written explanation

if yes, send a copy of your discharge papers (DD214) to the EMS Office, PO Box 2659, Madison, WI, 53701-2659

Your application will not be processed without this information.

Out of State EMS Licensure

* Have you ever been certified or licensed as a First Responder or EMT in any other state?
if yes, list state(s) and license type(s)
if yes, you must complete a Verification of License form available on the E-Licensing homepage and send it to all states you have ever been certified or licensed as a First Responder or EMT

Your application will not be processed without this information.

Professional Licensure

* Have you ever had a professional license denied, limited, suspended or revoked in Wisconsin or in any other state?
if yes, submit a written explanation

if yes, send a copy of the order or stipulation to the EMS Office, PO Box 2659, Madison, WI 53701-2659.

Your application will not be processed without this information.

Criminal History

The Fair Employment Act (sections 111.21-111.306, Wis. Stats.) prohibits employment discrimination on the basis of conviction or arrest record unless the circumstances of the conviction or arrest substantially relate to the circumstances of the particular job or licensed activity. The information requested on this form is used to determine whether a certification/license 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(s) 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, PO Box 2659, Madison, WI 53701-2659: (1) criminal/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) Currently under supervision, verification of current compliance with supervision, if supervision is complete, verification of discharge from probation/parole; (4) verification 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	Delete
None					Add

Pending Felony or Misdemeanor Charges

* 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, PO Box 2659, Madison, WI 53701-2659: (1) criminal/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	Delete
None					Add

Traffic Offenses

* During the past 10 years, has your driver's license been suspended, revoked or withdrawn?
if yes, you must add each traffic offense below and submit a copy of a current driver license abstract to the EMS Office, PO Box 2659, Madison, WI 53701-2659. 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 police department, insurance company or any other source. Abstracts are available by calling (608) 261-2566.

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(s) 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 Violation	Date	Location	Name of Authority/Court	Action Taken	Delete
None					Add

Pending Traffic Offenses

* Do you have any pending traffic offenses that may lead to the suspension, revocation or withdrawal of your drivers license?
if yes, you must add each offense below and submit a copy of the police report to the EMS Office, PO Box 2659, Madison, WI 53701-2659

Your application will not be processed without this information.

Wisconsin Circuit Court Access Program (CCAP) documents from the Internet are not acceptable.
To add offense information, click ADD, enter all details then click ADD again.

Name of Violation	Date	Location	Name of Authority/Court	Action Taken	Delete
None					Add

Support Payments

* Are you currently delinquent in the payment of court-ordered payments of child or family support, maintenance, birth expenses, medical expenses or other expenses related to the support of a child or former spouse?

[Save and Continue](#)

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

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

EMS Provider Initial License Application

File Upload and Applicant Certification (STEP 4 OF 4)

Applicant Information | Training Information | Other Information | File Upload and Applicant Certification

File Upload

You may upload any attachments (i.e., court records, driver abstract) to your application by clicking on the 'add' button below.

Edit	Name	File Name	Document Type
	None		

Applicant Certification

I certify that the above information is true and complete. I certify that I am 18 years of age or older and that I am capable of performing all the duties of an emergency medical services provider. I certify that I am in possession of a valid National Registry of EMTs card, a current CPR card and, if required, ACLS and PALS/ALS PEPP card. I agree to provide copies of such documents immediately upon request of the EMS Office.

Please make certain this application is complete. Once you enter your electronic signature, you will not be able to modify it.

* Username :

* Password :

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You must complete all red asterisk fields, they are required and the page will not advance unless all required fields are completed. When you are finished you must electronically sign your application using your user name and password.

Once you have electronically signed the application, you will see this screen.



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

License: EMS Personnel Initial License Application (Initiated on 11/01/2011) **Status: Received / Needs Review**

Form	Package	Requested	Completed	Actions
EMS Provider Initial License Application	EMS Personnel License Application Package	Tue 11/1/11	Tue 11/1/11	View

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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 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 dhs.ems@mail.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 dhs.ems@mail.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

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](#)

You are logged in. Welcome JACK SPARROW.

Account Demographics

Name: JACK SPARROW
Social Security Number: xx-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 1, 2011 at 3:50 PM

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: 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	View
2012-2014 EMS Provider Renewal	2012-2014 Provider Renewal	Tue 11/1/11		Continue

User: JACK SPARROW
License: EMS Personnel Initial License Application (Initiated on 11/01/2011) **Status: Issued**

Form	Package	Requested	Completed	Actions
EMS Provider Initial License Application	EMS Personnel License Application Package	Tue 11/1/11	Tue 11/1/11	View
License Card Generation	License Card Generation	Tue 11/1/11	Tue 11/1/11	 View

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When you see this screen, where the red arrow is, click on the “View” button and you will be able to see and print your WI EMS License. After this step you will then need to complete a local credentialing agreement to legally work on a service. IF you need assistance, please contact the WI EMS Office.