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| **DEPARTMENT OF HEALTH SERVICES**  Division of Public Health  F-00646 (09/2019) | | | | | | **STATE OF WISCONSIN**  Office of Preparedness and Emergency Health Care  Wis. Stat. § 256  608-266-1568 | | | | | | |
| **EMS TRAINING CENTER TRAINING PERMIT ELIGIBILITY CERTIFICATION** | | | | | | | | | | | | |
| Completion of this form is required under the provisions of Wis. Admin. Code § 110.15 (1) (2) (a). A training permit granted by the department authorizes the training permit holder to participate in field and clinical training and to perform the duties of an EMT at the practice level for which the permit is issued while enrolled as a student with the training center. Completion of this form is required for a receipt of an EMT Training Center Training Permit. Type or print legibly, complete all sections of the form, sign it and attach to the electronic application. Incomplete applications will not be processed. The training permit expires on the last date of the course. | | | | | | | | | | | | |
| **INSTRUCTOR INFORMATION** | | | | | | | | | | | | |
| **Last Name** | | | | **First Name** | | | | | | | | **MI** |
| **Name of Training Center** | | | | | | | | | | | | |
| **Training Center Mailing Address** | | | | | | | | | | | | |
| **City** | **State** | | | | **Zip Code** | | | **County** | | | **Telephone Number** | |
| **Wisconsin Instructor II License Number** | | | **Expiration Date (Month/Day/Year)** | | | | | | | **E-Mail Address** | | |
| **Wisconsin EMT License Number** | | | **Expiration Date (Month/Day/Year)** | | | | | | | **EMT License Level** | | |
| **Course Name** | | | | | | | **E-Licensing Course Number** | | | | | |
| **Course End Date** | | | | | | | **EMS Level of Permit Being Requested** | | | | | |
| **STUDENT INFORMATION** | | | | | | | | | | | | | |
| **Last Name** | | | | **First Name** | | | | | | | | **MI** |
| **Mailing Address** | | | | | | | **E-Mail Address** | | | | | |
| **City** | **State** | | | | **Zip Code** | | | **County** | | | **Telephone Number** | |
| **EMS License or Certificate Number** | | **Expiration Date (Month/Day/Year)** | | | | | | | **License Level** | | | |
| **INSTRUCTOR CERTIFICATION** | | | | | | | | | | | | |
| I certify that the above information is true and correct. I certify that the above student has met the educational requirements for a WI Training Center Training Permit under DHS 110.15. I understand, under DHS 110.54 that a false statement on this application may be grounds for denial, suspension, revocation or other disciplinary action taken against my certificate or license to practice and/or teach as determined by the Department of Health Services.    Signature – Instructor II or Training Center Program Director Date Signed | | | | | | | | | | | | |

***Note***: Approval of this form does not constitute issuance of a Wisconsin EMS Training Center Training Permit, Certificate, or License. EMS certification or licensure is obtained by successful completion of an approved EMS program, successful completion of the NREMT exams, and the application process. The applications are located in the [*E-Licensing*](https://www.wi-emss.org/public/wisconsin/) system.