

### EMERGENCY MEDICAL TECHNICIAN-INTERMEDIATE TRAINING PERMIT APPLICATION

This form is authorized under s. 146.50, Wisconsin Statutes and Chapter 111, Wisconsin Administrative Code. Completion of this form is mandatory for receipt of an EMT-Intermediate Training Permit. Personally identifiable information requested on this form will only be used for licensure purposes. Provision of your social security number is required and is used by the Bureau of Local Health Support and EMS only as an identifier for licensure purposes.

**INSTRUCTIONS:** Type or print legibly. Complete all sections of the form, sign the application, and attach a copy of both sides of your current CPR (for the professional) card and criminal history documentation, if required. Incomplete applications will not be processed

**RETURN COMPLETED FORM TO YOUR INSTRUCTOR**

**APPLICANT INFORMATION**

Last Name		First Name	MI	Former Name(s)
Mailing Address				
City	State	Zip Code	County	Social Security Number(required)
Daytime Telephone Number	Other Telephone Number	Birth Date (Month/Day/Year)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Wisconsin EMT License Number (required)		Expiration Date ( Month/Day/Year)		E-mail Address

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

The Fair Employment Act (sections 111.31-111.395, 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 certificate/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 report required information on this form would be considered a false statement on an application.

**Read carefully. All applicants must answer the following questions:**

Yes  No Have you ever been convicted of any felony or misdemeanor offense(s) in Wisconsin or in any other state OR do you have any felony or misdemeanor offense(s) pending against you at this time? If yes, list each offense below and provide the following information for each offense: copies of the police report or criminal complaint/Information, judgment of conviction and sentence, verification of your compliance with all terms of each sentence, including chemical dependency assessments, if ordered by the court, and verification of your compliance/completion of probation or parole.

Yes  No Within the last 10 years, has your driver's license been suspended, revoked or withdrawn in Wisconsin or in any other state OR do you have current pending charges that may result in the suspension, revocation or withdrawal of your driver license? If yes, list each offense below and provide a current driver abstract obtained from the Department of Transportation (DOT) by calling (608) 261-2566\*.

You must list all arrest(s)/conviction(s). Attach additional sheets, if necessary.	Date of Conviction	Status

**Applications will not be processed unless all required documentation is attached.**

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**APPLICANT CERTIFICATION**

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I certify that the above information is true and complete, that I meet the qualifications for licensure under s.146.50, Wis. Stats. and Chapter DHS 111, Wisconsin Administrative Code, I am 18 years of age or older, and am capable of performing the duties of an emergency medical technician. I further certify that the copy of the CPR card is an accurate copy of that issued to me by a certified training agency.

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**SIGNATURE** – Applicant

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Date Signed

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**TRAINING CENTER AFFILIATION INFORMATION**

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Training Center Affiliation

Training Center Number

DHS Course Approval Number

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I certify that the above named applicant is affiliated with the Intermediate Training Center and course noted above.

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**SIGNATURE** – Training Center Coordinator

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Date Signed

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**TRAINING COURSE MEDICAL DIRECTOR**

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I certify that I have accepted the above named applicant for participation in an approved EMT-Intermediate training program under my direction and endorse this application. I will authorize the use of ALS skills once training and competency of this individual have been achieved.

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**SIGNATURE** – Course Medical Director

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Date Signed

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Print or Type Course Medical Director's Name

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**CHECK THE FOLLOWING TO MAKE SURE YOU ARE SUBMITTING A COMPLETE APPLICATION**

- Have you attached a copy of both sides of your current CPR (for the professional) card?
- If you have a criminal history, have you included all requested documents?
- Did you sign the application?
- Did you list your training center affiliation?
- Did your training center coordinator sign the application?
- Did your medical director sign the application?

\*You may request a copy of your Driver License Abstract (driving record) by:

- Calling the Department of Transportation (DOT), Driver License Records Section at (608) 261-2566 (automated version) or (608) 266-2353. Have your drivers license number ready. The abstract will be mailed to you and you will receive an invoice for the fee.
- Writing the Wisconsin Department of Transportation (DOT), Driver License Records Section, 4802 Sheboygan Avenue, Madison, WI 53702. The cost is \$5.00 per record, make your check payable to the Registration Fee Trust and include your drivers license number.

**Only the Wisconsin Department of Transportation, Driver License Abstract will be accepted. Do not send a copy of a driving record received from a local police department or other sources.**