Wisconsin Emergency Medical Services
2014 – 2016 Provider Application Instruction Guide
For First Responder
(February 2014)

The mission of the Wisconsin Emergency Medical Services (EMS) program is to ensure that the highest quality and standards of pre-hospital emergency medical care are available to all Wisconsin citizens and visitors. Certification or licensing provides a level of protection to Wisconsin citizens and visitors, and assures that an individual holding a certificate or license has met certain minimum competencies and is authorized to practice, as defined by law. **All current Wisconsin EMS provider licenses and certifications expire on June 30, 2014.**

Besides holding a current Wisconsin certification and license to practice as an Emergency Medical Services provider in Wisconsin, you must also be locally credentialed with the service for which you are practicing. Licenses and certifications must be renewed prior to the expiration date of June 30, 2014, in order to continue practicing under your license. To practice as an EMT or First Responder in Wisconsin, you must have a current license/certificate and be credentialed with a service.

Important Renewal Dates

The 2014-2016 Provider License Renewal application is now available online through your *E-Licensing* account for the July 1, 2014, through June 30, 2016, licensing biennium. You must complete the 2014-2016 Provider Renewal application by June 30, 2014, in order to obtain a current certification or license that is valid until June 30, 2016.

All Wisconsin EMS provider applications are completed in the *E-Licensing* system. The important renewal dates to remember for 2014-2016 are:

DHS 110.07 - Renewal: **November 1, 2013, through June 30, 2014**

DHS 110.09 (1) - Late renewals: **July 1, 2014, through December 31, 2014**
DHS 110.16 (1) (a) $50.00 Late Renewal Administrative Fee

DHS 110.09 (2) - Reinstatement: **January 1, 2015, through June 30, 2016,**
DHS 110.16 (1) (b) $75.00 Reinstatement Administrative Fee

A license or certification that has been expired for two years or more may *only* be reinstated by successful completion of the initial education, training and examination requirements.

Your Contact Information

As EMS providers, you should ensure that your U.S. postal mailing address and email information are kept current in the *E-Licensing* system. This will assure that you will receive all renewal notifications and mailings from the Wisconsin EMS office. All renewal notices will be sent through the *E-Licensing* system and to the U.S. postal mailing address listed in your *E-Licensing* account.

If you do not receive your 2014-2016 Wisconsin EMS License Renewal information by March 15, 2014, you should assume that you do not have a current email address in the *E-Licensing* system and/or your U.S. postal mailing address in the system is incorrect. Those EMS provider applicants with out-of-date addresses in the system will also be subject to a $30.00 Returned Renewal Fee, as listed in DHS 110.16 (c). Failure to receive a renewal notification does not relieve an EMS provider of the responsibility to renew his/her license.

Refresher Education

Continuing education is a personal responsibility. Your initial or continuing education refresher training requirements need to be completed between July 1, 2012, and June 30, 2014, for this renewal biennium. Flexible continuing education may be obtained through any format, but it needs to meet DHS 110.07 renewal of a license or certificate, refresher retraining requirements. For all EMS providers, the renewal education refresher requirements for both alternate, flexible refresher training and standard refresher training are located at:
http://www.dhs.wisconsin.gov/ems/Training_education/retrainingrequirements.htm

Waiver Request for Active Military Deployment, Medical Conditions, etc.

If you are unable to renew your current certification or license due to active military deployment during the biennium, preventing your ability to complete refresher activities, or you had a significant medical condition during the biennium that prevented you from completing refresher activities, you may be able to receive an extension for the renewal process by completing the Waiver of Administrative Rule for Licensure - F-00569 (Word, 52 KB). You should submit the supporting documentation and completed form to dhsemssmail@wisconsin.gov. The EMS program has sole discretion in determining if the waiver will be granted. The decision of the EMS program is final and is not appealable under DHS 110.59.

What happens if an EMS provider applicant does not renew his/her license by June 30, 2014?

If a currently licensed or certified Wisconsin EMS provider has not renewed his/her provider license or certification by June 30, 2014, that provider may not function as an EMS provider after that date.

According to DHS 110.05 (2):

"…a person acting or advertising as an EMT or First Responder without a license or certificate issued by the department or without appropriate credentialing may be subject to department action under sub ch. V or s. 256.15 (11) (c), (d), or (f), Stats., as applicable."

Any application received after June 30, 2014, will be considered a late renewal under DHS 110.09 (1):

"An individual may renew a license or certificate that has been expired for less than 6 months by applying to the department for license or certificate renewal as specified under s. DHS 110.07 and submitting the late renewal fee ($50.00) specified under s. DHS 110.16 (1). Upon the department's renewal of the applicant's license or certificate, the EMS professional shall be credentialed under s. DHS 110.52 before performing emergency medical care as an EMT or First Responder."

What if I want to upgrade/downgrade my license?
The Wisconsin EMS program issues only a single license at the highest level (an EMS provider applicant's "primary license level"), based on the applicant's education and training. You should only complete one renewal application, and you may only renew at the level of your current license.

If you are eligible to upgrade your license level, then you will need to log into your *E-Licensing* account and complete a *Provider Upgrade application*.

If you are eligible to downgrade your license level, then you will need to log into your *E-Licensing* account and complete a *Provider Downgrade application*.

To upgrade or downgrade a license, please use the provider upgrade or provider downgrade application. The renewal application cannot be used to upgrade or downgrade a license level.

HOW TO APPLY

Logging in to an E-Licensing Account
As an EMS provider applicant, you can log into your *E-Licensing* account by entering your username and password on the *E-Licensing* system account login page.

If you do not remember your username or password, you may attempt to recover your logon information by going to the E-Licensing logon page and clicking "forgot username or password." You may also use the "Account Lookup" feature using your last name, date of birth and social security number. If your E-Licensing account has a valid email address on file, your logon information will be sent to you by email. If the EMS program does not have an active email address on file, you may contact the EMS program for assistance or send your name, license number, and current email address to: dhsemssmail@wisconsin.gov.

2014-2016 Wisconsin EMS Provider renewal information needed to complete the application
As an EMS provider applicant, you will need the following information to complete the 2014-2016 EMS Provider Renewal Application:

- Your initial or continuing EMS education refresher training completed between July 1, 2012, and June 30, 2014;
- Your current CPR card; and
- Whether you were convicted of a felony or misdemeanor, or deferred prosecution, since your last application, or have pending charges at this time, or received a traffic violation that led to the suspension, revocation or withdrawal of your driver's license, and all required court documentation. (You will have the opportunity to upload the documents if you have them electronically.) If you cannot upload your documents into the application, you should email them to the Wisconsin EMS program at dhsemssmail@wisconsin.gov or fax them to 608-266-6391.

Please remember that making a false statement on an application is cause for denial of a license renewal per DHS 110.54 (2).

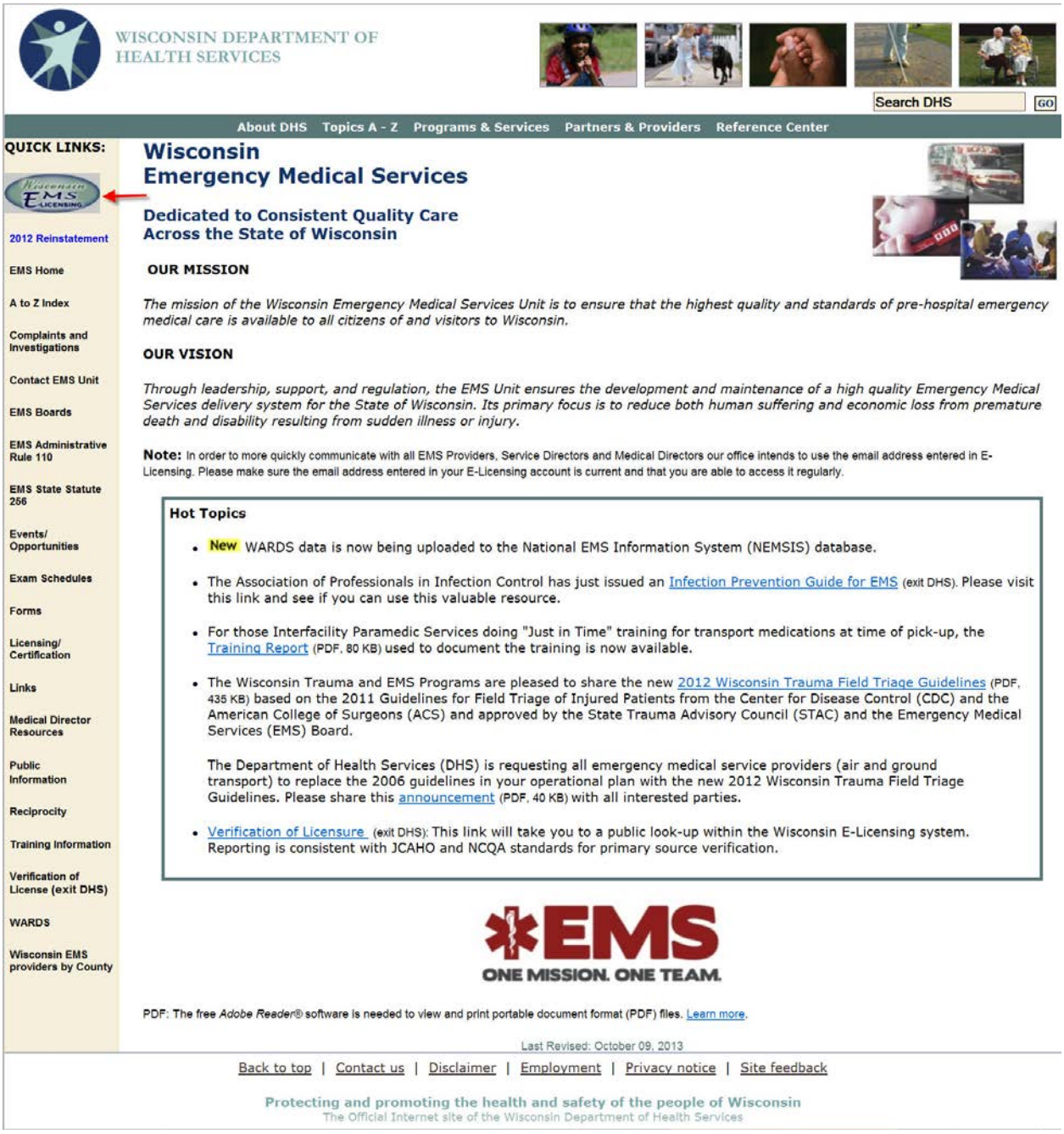
Renewal Process Audits

The EMS program has been conducting random audits of the renewal process. If you are selected for an audit, you must provide all requested documentation. Copies of all information entered on the renewal application must be retained for at least five years. Failure to provide the requested, required documentation will result in the suspension or revocation of your EMS Provider license or certification.

Getting started to renew an EMS certification or license

Navigate to the Wisconsin Emergency Medical Services website at:
http://www.dhs.wisconsin.gov/ems/index.htm

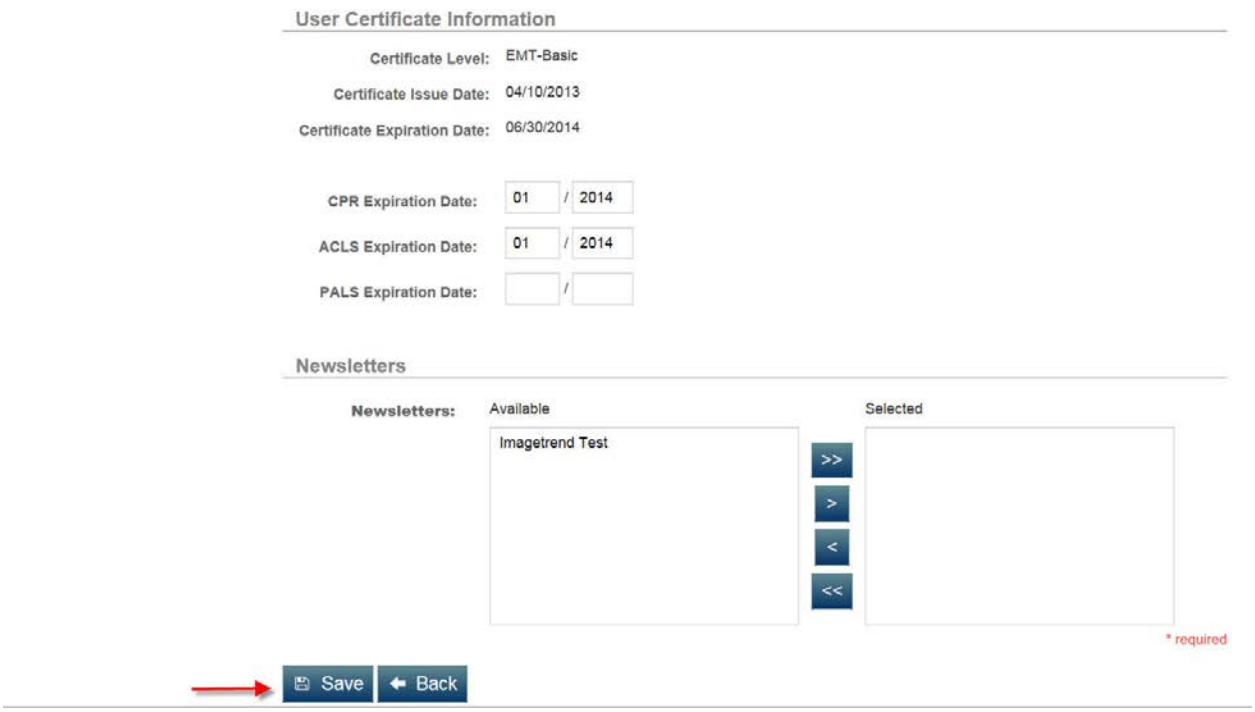
Once at the website, click on the Wisconsin EMS *E-Licensing* system logo (identified with a red arrow in the image below) and left-click on the logo. You will be redirected to the Wisconsin Department of Health Services EMS *E-Licensing* system account login page.



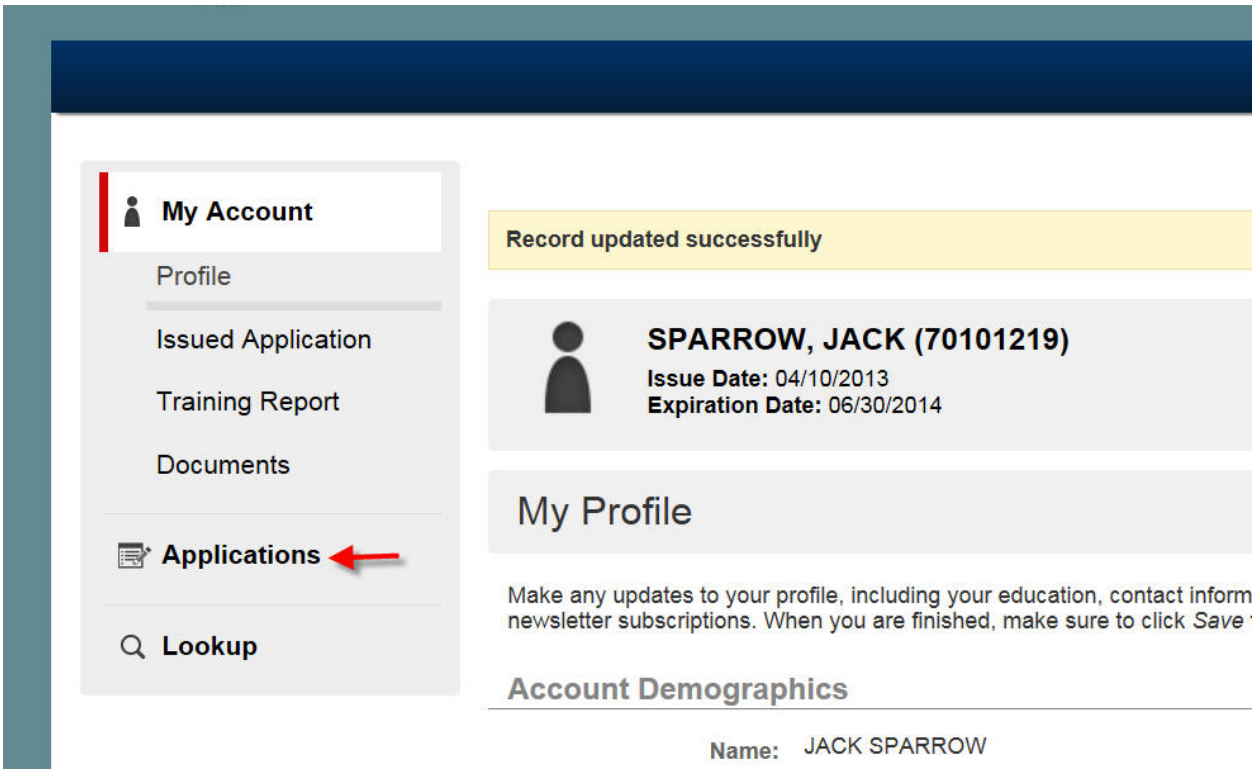
Once at the Wisconsin Department of Health Services EMS *E-Licensing* system account login page, you will see options to log in to the *E-Licensing* system, use account lookup, and use "forgot username or password." You may use any of these options to assist you with entry into the *E-Licensing* system. If you are recovering your login information, an email with your username and password information will be sent to the email address that was previously provided to the *E-Licensing* system. If you do not have a current email address in the *E-Licensing* system, or are unsuccessful in your attempt to recover your account information, contact the Wisconsin EMS program at dhsemssmail@wisconsin.gov.

Once you have successfully logged into your *E-Licensing* system account, you will be directed to your *E-Licensing* system home page. On the left side of the screen, click on “Profile” (identified with a red arrow in the image below).

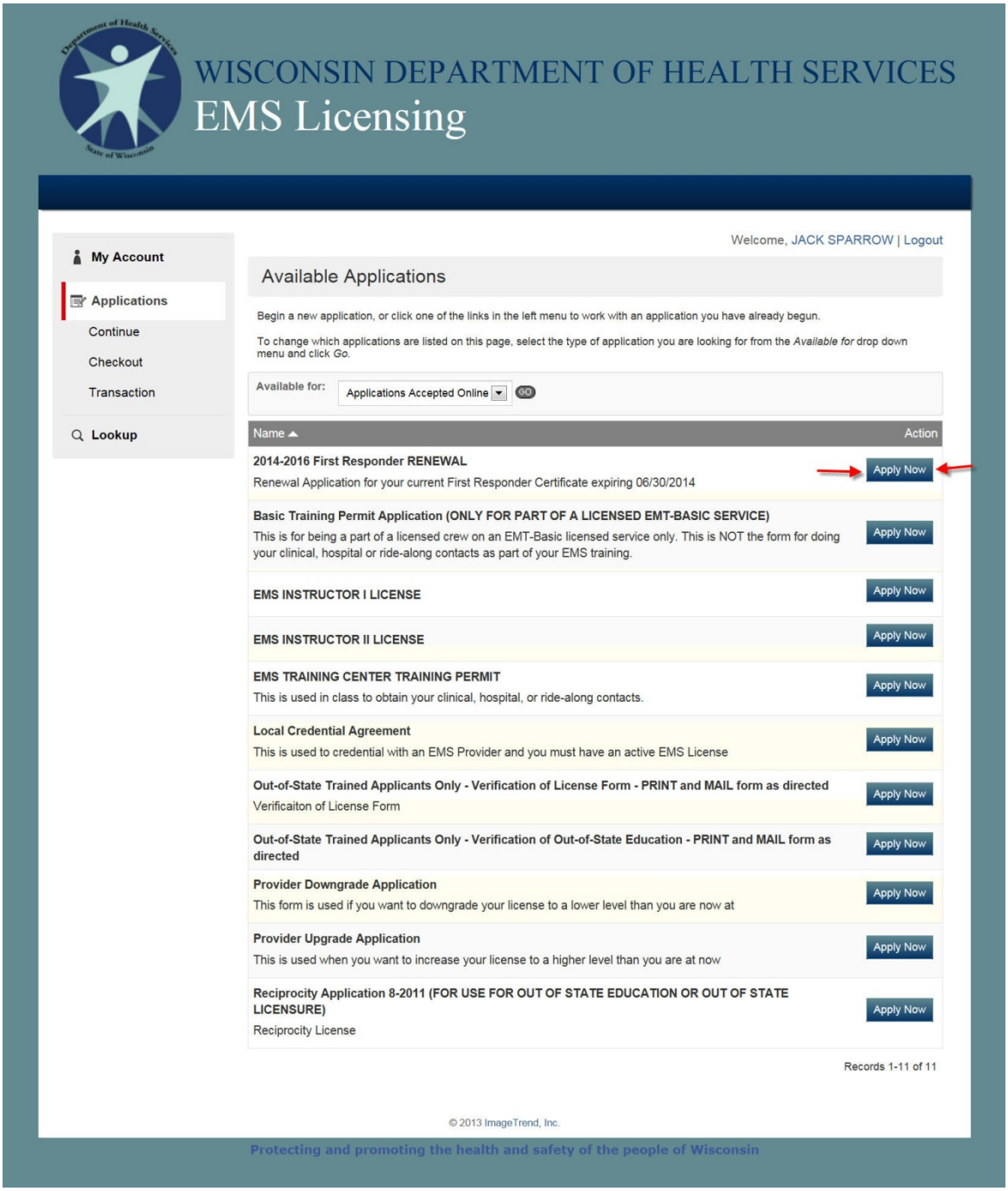
Once you have navigated to your profile page, you will have the opportunity to review your profile and update your personal information. Items that may be changed include your education, contact information, alert preferences, and certification expiration dates for CPR, ACLS and PALS. When you are finished updating your information, please **make sure to click the "Save" box at the bottom of every page**.



After you have updated your profile account demographics, you may now navigate to the Applications tab (identified with a red arrow in the image below).



Once you have navigated to the Applications page, you will see a list of available applications. Please select the correct level of renewal application for your license level. In this example, the 2014-2016 First Responder Renewal is the selected application level (identified with a red arrow in the image below).



By selecting “Apply Now,” you will begin the First Responder renewal application. You may click “Start” to enter your information into the application or “Continue” to complete an application that you have already started (red arrow in the image below). You may also click the grey header bar for any license application to expand or collapse the list of forms associated with that application.

You are now ready to start the application process, steps one through seven. You should carefully read and answer *all* of the questions on the application, using the “tab” feature to go from line to line. As you complete the application, please remember to click the “Save and Continue” tab at the bottom of **every page** in the application (red arrow in the image below).

WISCONSIN DEPARTMENT OF HEALTH SERVICES
EMS Licensing

My Account
Applications
Continue 1
Checkout
Transaction
Lookup

Welcome, JACK SPARROW | Logout

Be sure to click Save before continuing to another tab to save your changes.

2014-2016 First Responder RENEWAL

APPLICANT INFORMATION (Step 1 of 7) | Workplace Survey | TRAINING INFORMATION | OTHER INFORMATION | CR

INSTRUCTIONS

Wisconsin EMS E-LICENSING

This application is used to renew your current First Responder Certificate. If you do not currently hold a First Responder Certificate with an expiration date of 06/30/2014, please do not complete this application and call the EMS Office at 608-266-1568 for assistance

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.

SECTION 1: CERTIFICATION OF UNDERSTANDING

* Your application will not be processed if you do not provide the information requested. I understand that under Wis. Admin. Code § DHS 110.54 (1) 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 as determined by the Department of Health Services EMS Unit.***:
○ Yes ○ No

SECTION 2: DEMOGRAPHIC INFORMATION

Current license level: First Responder

* First Name: JACK

Middle Name:

* Last Name: SPARROW

* Address: 1 WEST WILSON

Email: helen.pullen@wi.gov

ROOM 1150

* City: Madison

State: Wisconsin

Postal Code: 53701 Lookup

Cell Phone: - -

Home Phone: 608 - 266 - 1568

County: Dane

Race: Other Race

Save and Continue

© 2013 ImageTrend, Inc.

Protecting and promoting the health and safety of the people of Wisconsin

WISCONSIN DEPARTMENT OF HEALTH SERVICES
EMS Licensing

My Account
Applications
Continue 1
Checkout
Transaction
Lookup

Welcome, JACK SPARROW | Logout

Be sure to click *Save* before continuing to another tab to save your changes.

2014-2016 First Responder RENEWAL

Workplace Survey (Step 2 of 7) | TRAINING INFORMATION | OTHER INFORMATION | CRIMINAL HISTORY | TRAFFIC (

SECTION 1

The EMS Office, along with its partners, are interested in collecting information about the EMS workforce. **Your answers to this survey are confidential.** Only aggregate data will be reported. Data will assist in learning about workforce demographics and trends as well as assist with planning for needs of EMS in the future. We appreciate your time in completing this **EMS Workforce Survey.** The survey should take about 5 minutes to complete. Your input is crucial for learning more about the EMS workforce. Results will be available at www.dha.wisconsin.gov/ems as soon as all data is collected and tabulated.

Thank you and we appreciate your time!

Length of Service as an EMT:
- Length of Service as an EMT -

What EMT Level do you currently hold?:
- What EMT Level do you currently hold? -

Are you currently practicing patient care?:
- Are you currently practicing patient care? -

Currently Practicing Patient Care Level Level:
- Currently Practicing Patient Care Level Level -

Currently Practicing Employment Type:
- Currently Practicing Employment Type -

Hours per week:

In the next year, are you going to decrease the number of volunteer hours you are available?:
- In the next year, are you going to decrease the number of volunteer hours you are available? -

Volunteer Compensation:
- Volunteer Compensation -

In the next year, are you going to increase the number of volunteer hours you are available?:
- In the next year, are you going to increase the number of volunteer hours you are available? -

Volunteer Location:
- Volunteer Location -

Volunteer Compensation:
- Volunteer Compensation -

In the next year, are you going to increase the number of volunteer hours you are available?:
- In the next year, are you going to increase the number of volunteer hours you are available? -

Volunteer Location:
- Volunteer Location -

Number of Current EMS Jobs:
- Number of Current EMS Jobs -

Usual Length of Shift:
- Usual Length of Shift -

Rural service or an urban service?:
- Rural service or an urban service? -

Usual Length of Shift:
- Usual Length of Shift -

Rural service or an urban service?:
- Rural service or an urban service? -

* Practicing in Other State:
- Practicing in Other State -

Practicing in Other State Names:

* Considered Leaving EMS:
- Considered Leaving EMS -

Considered Leaving EMS Description:

* Other Field Work:
- Other Field Work -

If you have had an EMS work-related injury how did that injury impact your regular, full-time job?:

* Highest Level of Education:
- Highest Level of Education -

* Have you received education or training on emergency preparedness?:
- Have you received education or training on emergency preparedness? -

Emergency Preparedness Training Courses:
☐ Incident Command System (ICS) 100 ☐ Incident Command System (ICS) ICS 200 ☐ Incident Command System (ICS) ICS 300 ☐ Incident Command System (ICS) ICS 400 ☐ National Incident Management Systems (NIMS) 700 ☐ National Incident Management Systems (NIMS) NIMS 800 ☐ I have taken other similar courses but not those specified

* Are you a Emergency Preparedness Volunteer?:
- Are you a Emergency Preparedness Volunteer? -

* Are you in the Medical Reserve Corps (MCR)?:
- Are you in the Medical Reserve Corps (MCR)? -

Additional Comments:

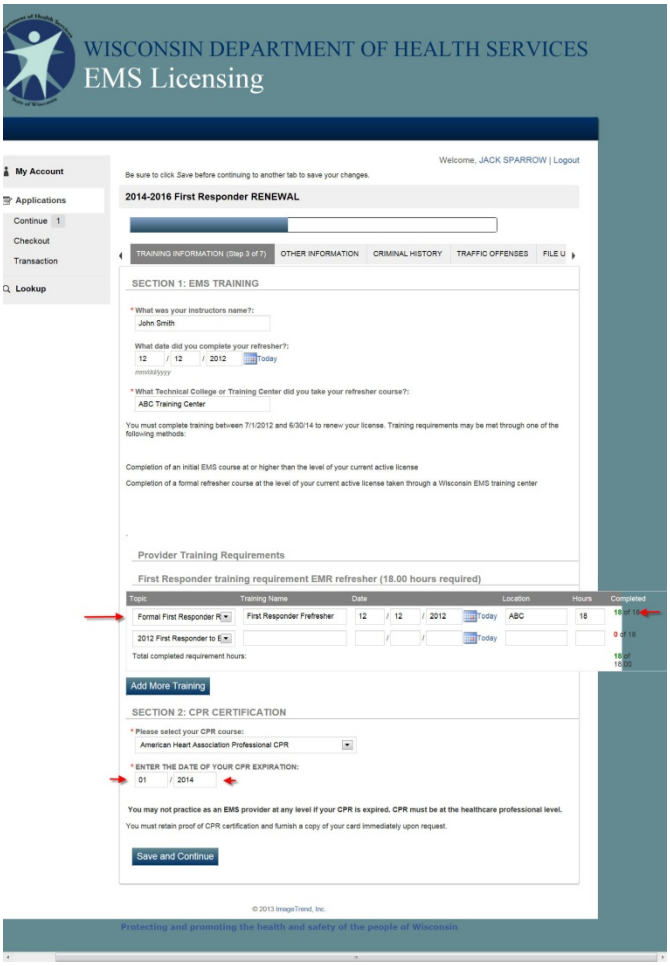
* Would you like to receive informaiton on the Wisconsin Emergency Assistance Volunteer Registry (WEAVR)?:
○ Yes ○ No

Save and Continue

© 2013 ImageTrend, Inc.

Protecting and promoting the health and safety of the people of Wisconsin

You should make sure that in Section 1: EMS Training, Provider Training Requirements, your completed training hours total 18 and are identified on the application in green (identified with a red arrow in the image below). The green **18** on this portion of the application indicates that your training is valid.



WISCONSIN DEPARTMENT OF HEALTH SERVICES
EMS Licensing

My Account
Applications
Continue 1
Checkout
Transaction
Lookup

Welcome, JACK SPARROW | Logout

Be sure to click Save before continuing to another tab to save your changes.

2014-2016 First Responder RENEWAL

OTHER INFORMATION (Step 4 of 7) | CRIMINAL HISTORY | TRAFFIC OFFENSES | FILE UPLOAD AND APPLICANT INFO

SECTION 3: Out of State License Questions

* 1) Have you ever had a professional license denied, limited, suspended or revoked in Wisconsin or in any other state?:
Yes No

* 2) Have you ever voluntarily surrendered any EMS or other healthcare certification or license?:
Yes No

* 3) Have you ever voluntarily surrendered any EMS or other healthcare certification or license in lieu of discipline?:
Yes No

If yes to any of the above, submit a written explanation:

SECTION 4: 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?:
Yes No

SECTION 5: MILITARY DISCHARGE

* Since your last application, have you been discharged from a branch of the US armed forces?:
Yes No

If yes, was your discharge other than honorable?:
Yes No

If your discharge was not honorable, submit a written explanation:

If your Discharge was **anything other than honorable**, send a copy of your discharge papers (DD214) to the EMS Office, PO Box 2659, Madison, WI, 53701-2659.

Or EMAIL them for faster response to: DHSEMSSMail@dhs.wisconsin.gov

Your application will not be processed without this information.

Save and Continue

© 2013 ImageTrend, Inc.

Protecting and promoting the health and safety of the people of Wisconsin

WISCONSIN DEPARTMENT OF HEALTH SERVICES
EMS Licensing

Welcome, JACK SPARROW | Logout

My Account
Applications
Continue 1
Checkout
Transaction
Lookup

Be sure to click *Save* before continuing to another tab to save your changes.

2014-2016 First Responder RENEWAL

CRIMINAL HISTORY (Step 5 of 7) | TRAFFIC OFFENSES | FILE UPLOAD AND APPLICANT INFORMATION

Criminal History

The Fair Employment Act (Wis. Stat. §§ 111.31 -111.395) 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. Moreover, under the Act it is not employment discrimination on the basis of conviction or arrest record to refuse to license or certify, or to suspend or revoke a license or certificate, if the circumstances of the conviction or arrest substantially relate to the circumstances of the particular licensed activity. The information requested below is used to determine whether a certificate/license should be granted, approved with limitations or denied. The information you provide may be verified against criminal information records. Failure to provide requested information will be considered a false statement on an application.

*** 1. Do you have any pending federal indictments or grand jury charges at this time?:**
○ Yes ○ No

*** 2. Do you have any pending felony charges at this time?:**
○ Yes ○ No

*** 3. Do you have any pending misdemeanor charges at this time?:**
○ Yes ○ No

*** 4. Since your last application have you received a judgment of conviction in the United States District Court or grand jury?:**
○ Yes ○ No

*** 5. Since your last application have you been convicted of a felony?:**
○ Yes ○ No

*** 6. Since your last application have you been convicted of a misdemeanor?:**
○ Yes ○ No

*** 7. Since your last application have you received deferred prosecution in lieu of a conviction by the United States District Court or grand jury?:**
○ Yes ○ No

*** 8. Since your last application have you received deferred prosecution in lieu of a conviction for a felony?:**
○ Yes ○ No

*** 9. Since your last application have you received deferred prosecution in lieu of a conviction for a misdemeanor?:**
○ Yes ○ No

*** 10. Since your last application have you been criminally convicted of operating any kind of a vehicle while under the influence of an intoxicant or other drug while impaired?:**
○ Yes ○ No

*** 11. Since your last application have you received deferred prosecution in lieu of a conviction for operating any kind of a vehicle while under the influence of an intoxicant or other drug while impaired?:**
○ Yes ○ No

*** 12. Since your last application have you been convicted of, or pled guilty to, or pled no contest, or received probation before a judgment of conviction for any crime other than a minor traffic violation where your record was expunged?:**
○ Yes ○ No

*** 13. Since your last application have you been convicted of a sex crime?:**
○ Yes ○ No

*** 14. Since your last application have you received deferred prosecution for a sex crime that requires you to register as a sex offender under the State of Wisconsin Sex Offender Registration and Community Notification Law?:**
○ Yes ○ No

*** 15. Since your last application have you been convicted of a sex crime involving a child?:**
○ Yes ○ No

*** 16. Since your last application have you been convicted of a sex crime that requires you to register as a sex offender under the State of Wisconsin Sex Offender Registration and Community Notification Law?:**
○ Yes ○ No

*** 17. Since your last application have you been convicted of a sex crime for which you have been required to register as a sex offender in any other state or territory?:**
○ Yes ○ No

*** 18. Since your last application have you been convicted of a felony regarding narcotics or controlled substances?:**
○ Yes ○ No

*** 19. Since your last application have you been convicted of a felony regarding narcotics or controlled substances for which you received deferred prosecution?:**
○ Yes ○ No

*** 20. Since your last application have you been convicted of a felony regarding narcotics or controlled substances for which you were ordered into treatment or intervention?:**
○ Yes ○ No

*** 21. Since your last application been convicted of a misdemeanor regarding narcotics or controlled substance?:**
○ Yes ○ No

*** 22. Since your last application have you been convicted of a felony regarding narcotics or controlled substances for which you received deferred prosecution?:**
○ Yes ○ No

*** 23. Since your last application have you been convicted of a misdemeanor regarding narcotics or controlled substance for which you were ordered into treatment or intervention?:**
○ Yes ○ No

If yes to any of the above questions, documentation of the specifics must be placed below by clicking "ADD".

In addition, the files need to be electronically uploaded at the "FILE UPLOAD" section at the end of the application.

If unable to upload the documents, send a copy of the order or stipulation to the EMS Office, PO Box 2659, Madison, WI 53701-2659 or email the documents to dhsemssmail@wisconsin.gov

(1) criminal/formal 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, 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.

Circuit Court Access Program (CCAP) documents from the internet or Crime Information Bureau (CIB) reports from the Department of Justice are not acceptable.

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

Add

Save and Continue

© 2013 ImageTrend, Inc.

Protecting and promoting the health and safety of the people of Wisconsin

WISCONSIN DEPARTMENT OF HEALTH SERVICES
EMS Licensing

Welcome, JACK SPARROW | Logout

My Account
Applications
Continue 1
Checkout
Transaction
Lookup

Be sure to click *Save* before continuing to another tab to save your changes.

2014-2016 First Responder RENEWAL

TRAFFIC OFFENSES (Step 6 of 7) | FILE UPLOAD AND APPLICANT INFORMATION

TRAFFIC OFFENSES

* 1) Since your last application, has your driver's license been suspended, revoked or withdrawn?:
Yes No

* 2) Since your last application, have you been convicted of operating a vehicle while under the influence of an intoxicant or other drug or while impaired?:
Yes No

* 3) Since your last application, have you received deferred prosecution in lieu of a conviction for operating a vehicle while under the influence of an intoxicant or other drug or while impaired?:
Yes No

* 4) Do you have any pending traffic offenses that may lead to the suspension, revocation or withdrawal of your driver's license?:
Yes No

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 or email to DHSEMS3Mail@dhs.wisconsin.gov . Only an official driver license abstract from the Wisconsin Department of Transportation is acceptable*.

If yes to any of the above questions, documentation of the specifics must be placed below by clicking "ADD". To add offense information, click ADD, enter all details then click ADD again.

In addition, the file (an official driver license abstract from the Wisconsin Department of Transportation is acceptable*) needs to be electronically uploaded at the "FILE UPLOAD" section at the end of the application.

If unable to upload the Drivers License Abstract, send a copy of the order or stipulation to the EMS Office, PO Box 2659, Madison, WI 53701-2659.

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.**

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

Add

Save and Continue

© 2013 ImageTrend, Inc.

Protecting and promoting the health and safety of the people of Wisconsin

Once you have completed all of the questions from steps one through seven on the application, you will need to enter your username and password to electronically sign the application. After providing your username and password, click on the “Save and Continue” button. Once you have submitted your application to the system by completing the application and electronically signing it with your username and password, you will receive the following email:

Dear Applicant,

Your 2014-2016 EMS Provider license renewal application has been received.
Each application submitted to the WI EMS E Licensing system is reviewed in the order that they are received into the WI EMS E Licensing system.

We strive to expedite the approval process but some applications take more time to review than others.

Per DHS 110.10 (1), the WI EMS Office has 60 business days to review complete applications. Applications that are incomplete will not be processed.
If you have been waiting more than 60 business days, please contact the WI EMS Office at dhsemssmail@wisconsin.gov

If you need additional assistance please contact the WI EMS Office at dhsemssmail@wisconsin.gov or http://www.dhs.wisconsin.gov/ems/

Thank you for your understanding. If we need any additional information, we will contact you.
Wisconsin EMS Office

Once your application has been processed and issued, you will receive the following email:

Congratulations! Your 2014-2016 EMS Provider License Renewal has been issued. You may now log back into your *E-Licensing* account to print a copy of your license.

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 your *E-Licensing* account so that you receive all important correspondence pertaining to your license. Please add dhsemssmail@wisconsin.gov to your "safe" email list so that our correspondence does not get filtered as junk mail.

Again, congratulations and thank you for completing your renewal application.

Wisconsin EMS Section

Once you receive this email, you can then log back into your *E-Licensing* system account and print your 2014-2016 provider certification or license (steps identified in the images below).

WISCONSIN DEPARTMENT OF HEALTH SERVICES
EMS Licensing

My Account
Applications
Continue
Checkout
Transaction
Lookup

Welcome, JACK SPARROW | Logout

Form saved successfully.

Continue My Applications

This section allows you to work with the forms for applications that you have already started. Click *Start* to work with forms you have not yet started filling out, *Continue* for forms that are still in progress or the *PDF* icon to view a form that you already completed.

You can click the grey header bar for any license application to expand or collapse the list of forms associated with that license. Additionally, you can use the filters and search box at the top of the page to narrow down which licenses are displayed on this page. After you have entered search criteria, click *Go* to search for licenses matching your criteria. If you want to view all licenses again, click *Clear*.

to - Issued -

- Status -

Application GO CLEAR

2014-2016 First Responder RENEWAL

Status: Issued
Number: 70101219
Forms: 1 of 2 completed

Issue Date: 11/11/2013
Initiated On: 11/11/2013
Expiration Date: 06/30/2016 (961 days until expiration)

2014-2016 First Responder RENEWAL PACKAGE

Form	Requested	Completed
2014-2016 First Responder RENEWAL	Mon 11/11/13	Mon 11/11/13

LIcense Card Generation

Form	Requested	Completed
License Card Generation	Mon 11/11/13	Start

2014-2016 Paramedic Renewal

EMS TRAINING CENTER TRAINING PERMIT

2012-2014 Provider Renewal

Basic Training Permit Application (ONLY FOR PART OF A LICENSED EMT-BASIC SERVICE)

Local Credential Agreement

Records 1-6 of 6

© 2013 ImageTrend, Inc.

Protecting and promoting the health and safety of the people of Wisconsin

WISCONSIN DEPARTMENT OF HEALTH SERVICES
EMS Licensing

Welcome, JACK SPARROW | Logout

- My Account
- Applications
  - Continue 1
  - Checkout
  - Transaction
- Service
- Lookup

Form saved successfully.

Continue My Applications

This section allows you to work with the forms for applications that you have already started. Click *Start* to work with forms you have not yet started filling out, *Continue* for forms that are still in progress or the *PDF* icon to view a form that you already completed.

You can click the grey header bar for any license application to expand or collapse the list of forms associated with that license. Additionally, you can use the filters and search box at the top of the page to narrow down which licenses are displayed on this page. After you have entered search criteria, click *Go* to search for licenses matching your criteria. If you want to view all licenses again, click *Clear*.

You have 1 forms to complete.

to - Issued -

- Status -

Application GO CLEAR

Regenerate License Card

Status: None
Number: 70101219
Forms: 0 of 1 completed

Issue Date: 11/20/2013
Initiated On: 11/20/2013
Expiration Date: 06/30/2014 (221 days until expiration)

License Card Regeneration

Form	Requested	Completed	
License Card Regeneration	Wed 11/20/13		Continue

2014-2016 EMT-Basic TRANSITION RENEWAL

2014-2016 Paramedic Transition Renewal

EMS TRAINING CENTER TRAINING PERMIT

2012-2014 Provider Renewal

Basic Training Permit Application (ONLY FOR PART OF A LICENSED EMT-BASIC SERVICE)

Local Credential Agreement

Records 1-7 of 7

© 2013 ImageTrend, Inc.

Protecting and promoting the health and safety of the people of Wisconsin

WISCONSIN DEPARTMENT OF HEALTH SERVICES
EMS Licensing

Welcome, JACK SPARROW | Logout

- My Account
- Applications
  - Continue
  - Checkout
  - Transaction
- Service
- Lookup

Form saved successfully.

Continue My Applications

This section allows you to work with the forms for applications that you have already started. Click *Start* to work with forms you have not yet started filling out, *Continue* for forms that are still in progress or the *PDF* icon to view a form that you already completed.

You can click the grey header bar for any license application to expand or collapse the list of forms associated with that license. Additionally, you can use the filters and search box at the top of the page to narrow down which licenses are displayed on this page. After you have entered search criteria, click *Go* to search for licenses matching your criteria. If you want to view all licenses again, click *Clear*.

to - Issued -

- Status -

Application GO CLEAR

Regenerate License Card

Status: None
Number: 70101219
Forms: 1 of 1 completed

Issue Date: 11/20/2013
Initiated On: 11/20/2013
Expiration Date: 06/30/2014 (221 days until expiration)

License Card Regeneration

Form	Requested	Completed
License Card Regeneration	Wed 11/20/13	Wed 11/20/13

2014-2016 EMT-Basic TRANSITION RENEWAL

2014-2016 Paramedic Transition Renewal

EMS TRAINING CENTER TRAINING PERMIT

2012-2014 Provider Renewal

Basic Training Permit Application (ONLY FOR PART OF A LICENSED EMT-BASIC SERVICE)

Local Credential Agreement

Records 1-7 of 7

© 2013 ImageTrend, Inc.

Protecting and promoting the health and safety of the people of Wisconsin

WISCONSIN DEPARTMENT OF HEALTH SERVICES
EMS Licensing

Welcome, JACK SPARROW | Logout

- My Account
- Applications
  - Continue 1
  - Checkout
  - Transaction
- Service
- Lookup

Be sure to click *Save* before continuing to another tab to save your changes.

License Card Regeneration

Preview

DIVISION OF PUBLIC HEALTH

Scott Walker
Governor

Kitty Rhoades
Secretary

State of Wisconsin
Department of Health Services

1 WEST WILSON STREET
P.O. BOX 2659
MADISON WI 53701-2659

608-266-1568
FAX: 608-261-6392
dhs.wisconsin.gov/EMS

11/20/2013

JACK SPARROW
1 WEST WILSONROOM 1150
Madison , WI 53701

The Department of Health Services is pleased to welcome you as an EMS provider in the State of Wisconsin. With licensure comes responsibility:

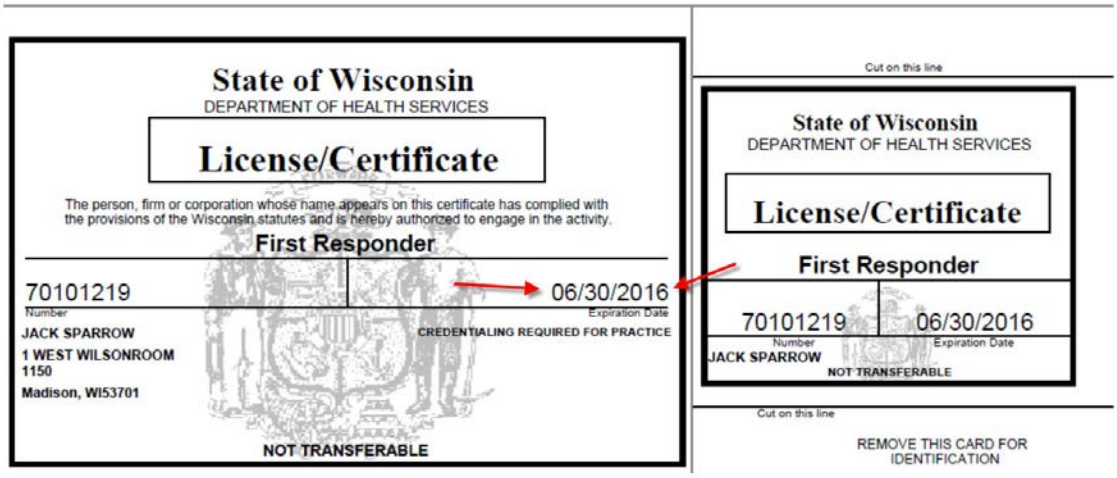
- You must be credentialed with a licensed EMS agency prior to providing patient care in the State of Wisconsin. You may not be credentialed higher than the level of your service regardless of the level of your licensure.
- Your home address, phone number and personal email address must be current at all times. You may update your profile in E-Licensing at www.dhs.wisconsin.gov/ems.
- Current certification in CPR at the healthcare professional level must be maintained at all times for this license/certificate to be valid.
- If licensed at the Intermediate or Paramedic level, you must also maintain current ACLS at all times for this license to be valid.
- You must renew this license/certificate by the expiration date. Refer to www.dhs.wisconsin.gov/ems for renewal requirements.
- You must notify the State EMS Office of a name change and submit a copy of the appropriate legal documentation that grants the name change, i.e., marriage license, divorce decree or other court order.
- Subject to ss. 111.321, 111.322, 111.335 and 256.15(6) Wis. Stats., you must not have an arrest or conviction record that substantially relates to the performance of the duties of an EMS provider as determined by the Department.

The EMS Office would like to thank you for your commitment to Emergency Medical Services in the State of Wisconsin.

Generate

© 2013 ImageTrend, Inc.

Protecting and promoting the health and safety of the people of Wisconsin



If you have any questions or need assistance, please contact the Wisconsin EMS program at dhsemssmail@wisconsin.gov.