

WI EMS Training Center Training Permit Application Instructions

Training Permits, Certification or Licensing is done for the sole purpose of protecting the citizens of Wisconsin. It assures the public that an individual holding a training permit, certificate or license has met certain minimum competencies and that he or she is authorized to practice as defined by law.

You must hold a valid Training Center Training Permit in order to participate in clinical or field activities related to your current EMS education. If you do not hold a current training center training permit you cannot legally participate in your clinical or field experience related to your current level of education.

The WI EMS Office only issues your Training Center Training permit for the specific level of education that you are currently participating. The Training Center Training Permit is only valid for the duration of your class as specified by the course completion date provided by your instructor on your EMS Training Center Training Permit Eligibility Certification (form F-00646).

WI EMS Training Center Training Permit Application Information you need to complete the application

You will need the following information to complete your WI EMS Training Center Training Permit Application

- Create your E-Licensing account (if not already established).
- Log into your E-Licensing account.
- Select the “Applications” tab found on your home page in E-Licensing.
- From the menu select the application titled “EMS TRAINING CENTER TRAINING PERMIT” click on the title to open the application.
- On the right side of the screen you will see the words “Apply Now”, click on “Apply Now” to initiate the application process.
- Accurately and COMPLETELY fill out the application. Pursuant to DHS 110.54 (2) omitting or falsifying information on this or any application is grounds for denial of your application.
- If you answered yes to the Criminal History or Driving History questions you are required to provide the requested supporting documentation outlined within the application.
- Upload your EMS Training Center Training Permit Eligibility Certification (form F-00646) and or other required documents relating to Criminal History or Driving History. **Remember** – Criminal History relates to Felonies and or Misdemeanors Driving History relates to Revocations, Suspensions and OWI/DUI.
- Electronically sign your application with your username and password to submit your application
- The WI EMS Office has 60 **business days** to process a complete application (DHS 110.10). Please do not call the office to check the status of your application. The status of your application is noted in your account.

Log into your E-Licensing account

**WISCONSIN DEPARTMENT OF HEALTH SERVICES
EMS Licensing**

Account Login

The State of Wisconsin EMS Office Utilizes E-Mail as the Primary Source of Communication. Please confirm your e-mail address!

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. If your email address is not on file, contact the EMS Section at 608-266-1568, for account assistance.

Administrative Fees
Administrative fee of \$50 must be submitted with any RECIPROCCITY application submitted after 01/01/2013.
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 FOR INCORRECT ADDRESS DHS 110.16(1)(c).

PLEASE CLICK HERE TO BE DIRECTED TO OUR PUBLIC LOGIN

All fees will need to be submitted either by VISA, MasterCard, or via cashier (check or money order (personal checks are not accepted)) made out to the "Department of Health Services" and submitted to:

WI EMS Section - Licensing
1 W Wilson St, Room 1150
PO Box 2659
Madison, WI 53701-2659

Enter your user name and password

Login
Username:
Password:
[Forgot Username or Password?](#)

Account Lookup
Last Name:
* Birth Date: / /
* Social Security Number: - -

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Select the "Applications" tab found on your home page in E-Licensing.



From the “Available Applications” select the application titled “EMS TRAINING CENTER TRAINING PERMIT”



WISCONSIN DEPARTMENT OF HEALTH SERVICES EMS Licensing

Welcome, Charlie Tuna | Logout

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Available Applications

Begin a new application, or click one of the links in the left menu to work with an application you have already begun.

To change which applications are listed on this page, select the type of application you are looking for from the Available for drop down menu and click Go.

Available for: Applications Accepted Online

Name Action

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

This is for being a part of a licensed crew on an EMT-Basic licensed service only. This is NOT the form for doing your clinical, hospital or ride-along contacts as part of your EMS training.

[Apply Now](#)

Basic Training Permit Local Credentialing Application (MUST HAVE A TRAINING PERMIT TO USE THIS FOR AN EMT-BASIC SERVICE ONLY)

[Apply Now](#)

EMS INSTRUCTOR I LICENSE

[Apply Now](#)

EMS INSTRUCTOR II LICENSE

[Apply Now](#)

EMS TRAINING CENTER TRAINING PERMIT

This is used in class to obtain your clinical, hospital, or ride-along contacts.

[Apply Now](#)

Out-of-State Trained Applicants Only - Verification of License Form - PRINT and MAIL form as directed

Verification of License Form

[Apply Now](#)

Out-of-State Trained Applicants Only - Verification of Out-of-State Education - PRINT and MAIL form as directed

[Apply Now](#)

Provider Downgrade Application

This form is used if you want to downgrade your license to a lower level than you are now at.

[Apply Now](#)

Provider Upgrade Application

This is used when you want to increase your license to a higher level than you are at now.

[Apply Now](#)

Reciprocity Application 8-2011 (FOR USE FOR OUT OF STATE EDUCATION OR OUT OF STATE LICENSURE)

Reciprocity License

[Apply Now](#)

Records 1-10 of 10

Select Training Center Training Permit by clicking on "Apply Now"

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On the right side of the screen you will see the words "Apply Now", click on "Apply Now" to initiate the application process.

Click on “Start” to open the application.

Department of Health Services
WISCONSIN DEPARTMENT OF HEALTH SERVICES
EMS Licensing

Welcome, Charlie Tuna | Logout

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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**

EMS TRAINING CENTER TRAINING PERMIT

Status: In Process
Number:
Forms: 0 of 1 completed

Issue Date:
Initiated On: 12/10/2013
Expiration Date:

Form	Requested	Completed
2012 EMS Training Center Training Permit	Tue 12/10/13	

Records 1-1 of 1

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The next screen is the application.

Accurately and COMPLETELY fill out the application. Pursuant to DHS 110.54 (2) omitting or falsifying information on this or any application are grounds for denial of your application.



Welcome, Charlie Tuna | Logout

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

2012 EMS Training Center Training Permit

Page 1: Applicant Information (Step 1 of 3) Page 2: Criminal History Page 3: Driving History and FILE UPLOAD FOR EMS TR

Section 1: Instructions



This form is authorized under s. 256, Wisconsin Stats and s. 110, Wis. Admin. Code. Completion of this form is required for receipt of an EMT basic training permit. Personally identifiable information, including social security number, is required and used by the EMS section for licensing purposes only.

You ONLY need to complete this form if you are requesting this permit for your Wisconsin Licensed EMS Training Center to do Clinical Time/Ride Along Time.

You will receive an email once your permit has been issued. You may not begin practicing as a trainee until your permit is received. You must practice under direct supervision of a licensed Preceptor at or above the level of your training at all times under this permit.

Section 2: Statement of Understanding

* 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 3: Level Of Class That You Are Requesting This EMS Training Center Training Permit For

* Please Select The Level Of EMS Training Center Training Permit You Are Requesting:

- Basic
- Intermediate Technician (AEMT)
- Paramedic
- Critical Care Paramedic

Section 3: Demographics

* First Name: Charlie

Middle Name:

* Last Name: Tuna

* Email: ray.kemke@wi.gov

* Address: 1 West Wilson

City:

Madison

* State: Wisconsin

Postal Code: 53701

Lookup

Cell Phone:

Answer ALL questions accurately each item with a red asterisk * must be answered

Statement of Understanding

Select the appropriate level

* Date of Birth: 09 / 10 / 1991
mm/dd/yyyy

* SSN: 456 - 78 - 9012

* Home Phone: _____

Work Phone: _____

County: _____

* Gender: - Gender -

* Race: - Race -

Section 4: Verification of your Training (This information is taken directly from your Instructor Letter!)

* WI EMS E-Licensing Course Number (From Instructor): _____

* Your Instructor's Instructor II Number (Will Start with an IC): _____

* Instructor II Name: _____

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

* Training Center Name (Technical College or other Training Center): _____

Save and Continue

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Obtain this information from your instructor

Click "Save and Continue" to advance to page 2

Page two is the Criminal History section of the application. If you answered yes to the Criminal History questions, you are required to provide the requested supporting documentation outlined within the application.



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Answer all questions accurately; The EMS office verifies the statements

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

2012 EMS Training Center Training Permit

Page 2: Criminal History (Step 2 of 3) Page 3: Driving History and FILE UPLOAD FOR EMS TRAINING CENTER TRAINING PER

Section 1: Criminal History Questions

The Fair Employment Act (Wis. Stat. §§ 111.31 - 111.335) 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 felony charges at this time?:
 Yes No
- * 2) Do you have any pending misdemeanor charges at this time?:
 Yes No
- * 3) Have you ever been convicted of a felony?:
 Yes No
- * 4) Have you ever been convicted of a misdemeanor?:
 Yes No
- * 5) Have you ever received deferred prosecution for a felony?:
 Yes No
- * 6) Have you ever received deferred prosecution for a misdemeanor?:
 Yes No
- * 7) Have you ever been criminally convicted of operating any kind of vehicle while under the influence of an intoxicant or other drug or while impaired?:
 Yes No
- * 8) Have you ever received deferred prosecution in lieu of a conviction for operating any kind of vehicle while under the influence of an intoxicant or other drug or while impaired?:
 Yes No
- * 9) Have you ever 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
- * 10) Have you ever been convicted of a sex crime?:
 Yes No
- * 11) Have you ever received deferred prosecution for a sex crime?:
 Yes No
- * 12) Have you ever been convicted of a sex crime involving a child?:
 Yes No
- * 13) Have you ever received deferred prosecution for a sex crime involving a child?:
 Yes No
- * 14) Have you ever 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
- * 15) Have you ever 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
- * 16) Have you ever been convicted of a felony regarding narcotics or controlled substances?:
 Yes No
- * 17) Have you ever been convicted of a felony regarding narcotics or controlled substances for which you received deferred prosecution?:
 Yes No
- * 18) Have you ever been convicted of a felony regarding narcotics or controlled substances for which you were ordered into treatment or intervention?:
 Yes No
- * 19) Have you ever been convicted of a misdemeanor regarding narcotics or controlled substance?:
 Yes No
- * 20) Have you ever been convicted of a felony regarding narcotics or controlled substances for which you received deferred prosecution?:
 Yes No
- * 21) Have you ever been convicted of a misdemeanor regarding narcotics or controlled substance for which you were ordered into treatment or intervention?:
 Yes No

Please list ALL the offenses as you have identified above by clicking the "ADD" button below. This is in addition to uploading the supporting documentation below.

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

Add

If you answer "YES" to any of the above, the following MUST be included and uploaded below in order for your application to be processed:

- (1) Judgment of conviction
- (2) formal criminal complaint
- (3) verification of compliance with all court-ordered requirements
- (4) If you are or were on supervision submit a letter from your probation/parole officer summarizing your compliance with probation/parole.

For all OWI/DWI Offenses we require the following in addition to the above:

- (1) Driver's Safety Plan
- (2) AQDA Assessment

Save and Continue

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Click on “Save and Continue” to move to page three of the application, “Driving History”.

If you answered yes to the Driving History questions you are required to provide the requested supporting documentation outlined within the application.



Welcome, Charlie Tuna | Logout

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

2012 EMS Training Center Training Permit

Page 3: Driving History and FILE UPLOAD FOR EMS TRAINING CENTER TRAINING PERMIT ELIGIBILITY CERTIFICATES (Step 3)

Section 1: Driving History Questions

- *1) During the past 10 years, has your driver's license been suspended, revoked or withdrawn?
 Yes No
- *2) Have you ever been convicted of operating a vehicle while under the influence of an intoxicant or other drug or while impaired?
 Yes No
- *3) Have you ever 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. 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 (800) 201-2599 or by going to <http://www.dot.state.wi.us/drivers/drivers/ponts/abstract.htm>

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.

Your application will not be processed without this information.

Wisconsin Circuit Court Access Program (CCAP) documents from the internet are not acceptable.

Any traffic offenses noted above must be identified here

Click on offense information, click ADD, when you finish click ADD again.

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

Add

Section 2: File Upload

You may upload any attachments and supporting documentation for the questions above. [Click on offense information, click ADD, when you finish click ADD again.](#) to your application by clicking on the 'add' button below, select the document from the place you are saving it and then click "ADD" again to secure it to the application.

You may upload any additional information here

ALL APPLICATIONS MUST HAVE THE EMS TRAINING CENTER TRAINING PERMIT ELIGIBILITY CERTIFICATION FROM THE EMS INSTRUCTOR OF RECORD UPLOADED INTO THE APPLICATION FOR IT TO BE PROCESSED!!

Edit	Name	File Name	Document Type
None			

Add

Section 3: Signature



Upload your EMS Training Center Training Permit Eligibility Certification (form F-00646) and or other required documents relating to Criminal History or Driving History. Remember – Criminal History relates to Felonies and or Misdemeanors Driving History relates to Revocations, Suspensions and OWI/DUI.

Electronically sign your application with your username and password to submit your application

The WI EMS Office has 60 business days to process a complete application (DHS 110.10). Please do not call the office to check the status of your application. The status of your application is noted in your account.

To upload documents to your application:

Click on the “Add” button to open file upload process.

1. Enter the name of the file in the name box
2. Click the browse button to open file; choose/click file to upload into file box
3. Choose the file type
4. Click the add button again to upload the file into your application
5. You will see the file in your application by clicking add to complete the upload process.
6. Please sign the application using your user name and password to submit to the WI EMS *E Licensing* System.

