



**Government of the  
District of Columbia**



**Department:** *Department of Health*  
**Administration:** *Health Emergency Preparedness and Response Administration*  
**Section:** *Emergency Medical Services*  
**Policy Number:** *2010-0004 Revision 2*  
**Effective Date:** *06 January 2012*

**Approved By:** *Dr. Brian Amy, Interim Senior Deputy Director, HEPRA*   
**Applies To:** *All DC EMS Providers*  
**Purpose:** *EMS Provider Applications*  
**Reference:** *DOH EMS Policy 2010-0004R1 – Revision Released 01 April 2010*  
*DOH EMS Policy 2010-0004 Original Release Dated 28 January 2010*  
*Memorandum of 30 December 2009 “EMS Provider Applications”*  
**Revision:** *Two*

This policy revision amends the previous policy on EMS provider applications and applies to all EMS provider applications that are in use by the Department of Health. The updates included in this policy are as follows:

- The attached forms have been updated with the new address for the EMS Division of the Department of Health;
- Applications have been added for Emergency Medical Responder and Advanced Emergency Medical Technician; and
- All applications have a form number that aligns with this policy.

The following attached EMS provider applications are approved for use (form number in parenthesis):

- Emergency Medical Responder (2010-0004A);
- Emergency Medical Technician (2010-0004B);
- Advanced Emergency Medical Technician (2010-0004C);
- Emergency Medical Technician-Intermediate (2010-0004D);
- Paramedic (2010-0004E);
- Basic Life Support - Verification of Certification (2010-0004F);
- Basic Life Support - Verification of Military Certification (2010-0004G);
- Advanced Life Support - Verification of Certification (2010-0004H); and
- Advanced Life Support - Verification of Military Certification (2010-0004J).\*

\* *There is no 'I' (eye) so as not to be confused with the number "1" (one).*

These new forms are to be used effective 01 January 2012. Use of all previous forms should be discontinued.



## General Instructions

- To ensure faster processing, please make sure the application is complete and all required documents are attached.
- It is the responsibility of the sponsoring EMS Agency to sign the application verifying the applicant is a member and authorized provider with the agency.
- All inquiries about the status of the application should be through the applicant's sponsoring EMS agency.
- Certification requirements are subject to change as a result of new legislation, new rules and regulations, or new policies and procedures adopted by the Department of Health. **Applicants must meet all certification requirements in force as of the time of their application.**
- Please remit the application fee by **certified check or money order** payable to "DC Treasurer" in United States dollars. The fee which accompanies an application covers the cost of reviewing and processing that specific application. ***It Cannot Be Refunded Even If The Applicant Is Found To Be Ineligible For Certification.***

## Initial Certification Documentation

- You must be at least 18 years of age.
- Initial applications are to be completed by those applicants who have completed an EMR certification course approved by the District of Columbia Department of Health.
- The application must include a copy of the certificate of completion from the certification course.
- Copies of National Registry EMR (or greater) and CPR certification cards must accompany the application.
- Initial certification fee is \$45.00.

## Out of State Certification and Documentation

- An applicant must hold a current, valid license or certification in a United States state or territory, which maintains certification/licensing standards at least equal to the District of Columbia's standards.
- Copies of National Registry EMR (or greater) and CPR certification cards must accompany the application.
- A copy of the "Basic Life Support – Verification of Certification" form, with only the top section completed.
- ***If you have only a military certification and no other state certification, include the following***
  - A copy of your DD Form 214
  - A copy of the "Basic Life Support – Verification of Military Certification" form, with only the top section completed.
- Certification fee is \$55.00.

## Certification Renewal Documentation

- You must be currently certified as an EMR in the District of Columbia in order to apply for renewal
- Copies of your current, valid National Registry EMR (or greater) and CPR certification cards must accompany the application.
- **In order to ensure that you receive your new certification card before your current card expires, please submit your application package to the Department of Health no later than 45-days prior to your current certification expiration date.**
- Certification renewal fee is \$30.00

## Submit Application to

**District of Columbia Department of Health**  
Health Emergency Preparedness and Response Administration  
BLS Certifications  
55 'M' Street, SE  
Suite 300  
Washington, DC 20003  
202-671-4222



**Government of the District of Columbia – Department of Health**  
**Emergency Medical Responder Application**



**Personal Information**

Renewal of Certification     
  Initial Certification     
  Reciprocity     
  Reinstatement

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Gender: \_\_\_\_\_

Other Names Used: \_\_\_\_\_ SSN# \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City, State, ZIP Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Sponsoring EMS Agency: \_\_\_\_\_

**Required Certifications**

| Certification  | Expiration | Training Agency          | Level | Number |
|----------------|------------|--------------------------|-------|--------|
| NREMT          | 3/31/      | <i>Initial Cert Only</i> |       |        |
| CPR (Course C) |            |                          |       |        |

**Work Experience**

*List all work experience as an EMS provider for the past ten years* *Dates (From/To)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Professional History**

- Do you now hold, or have you ever held a health professional license/certification? Yes  No   
*If your answer is "Yes", answer questions 2 & 3 and follow the directions below.*
- Has any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction limited, restricted, suspended or revoked any health professional license, certificate, or registration granted to you, or imposed a fine or reprimand, or taken any other disciplinary action against you? Yes  No
- Have you ever, in anticipation of or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any health professional license, certificate or registration issued to you by any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction? Yes  No

*If your answer is "Yes" to question 2 and/or 3, please give full details, names, addresses, etc., on a separate statement.*

4. Have you ever been found guilty or convicted, in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, as a result of any offense involving assault, abuse, criminal negligence, dishonesty, theft, fraud, or false statements? Have you ever been found guilty or convicted, in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, as a result of any offense involving an illegal act related to the performance of EMS duties or the operation of an EMS agency, vehicle or facility, or of any other violation of the public trust? Yes  No

***If your answer is “Yes” please give full details, names, addresses, etc. on a separate statement and furnish a Certified Court Copy (with court seal affixed) of the case record, including the charging document, the plea or verdict and the sentence or disposition.***

5. Do you owe the District of Columbia more than \$100 in outstanding fines, penalties, or interest assessed pursuant to any of the following:
- a. Litter Control Administrative Act of 1985 (D.C. Official Code § 8-801 et seq.);
  - b. Illegal Dumping Enforcement Act of 1994 (D.C. Official Code § 8-901 et seq.);
  - c. District of Columbia Traffic Adjudication Act of 1978 (D.C. Official Code § 50-2301.01 et seq.);
  - d. Department of Consumer and Regulatory Affairs Civil Infractions Act of 1985 (D.C. Official Code § 2-1801.01 et seq.);
  - e. District of Columbia Taxicab Commission Establishment Act of 1985 (D.C. Official Code § 50-301 et seq.);
  - f. Compulsory/No-Fault Motor Vehicle Insurance Act of 1982 (D.C. Official Code § 31-2401 et seq.);
  - g. Fines assessed to car dealers pursuant to section 2(i) of the District of Columbia Revenue Act of 1937 (D.C. Official Code § 50-1501.02(i)); or

Do you owe the District of Columbia more than \$100 in past due Water and Sewer Authority service charges or fees, or past due taxes? Yes  No

***If your answer to one or more of the above is “Yes”, have you properly and timely appealed the infraction, assessment, tax, or basis for the alleged debt and is the appeal still pending, or have you and the District government agreed to a payment schedule to eliminate the outstanding debt and are you complying with the payment schedule? Please explain, and provide copies of all supporting documents.***

### Certification

I hereby certify that the information contained within this application is true and complete to the best of my knowledge and belief. I understand and acknowledge that the making of a false statement in connection with this application is punishable by criminal penalties, and may also subject me to civil penalties and to the denial or termination of my certification. I understand that DOH may use the information supplied to perform a criminal background check. I agree to surrender my certification card to DOH within 30-days upon separation from my sponsoring EMS agency.

\_\_\_\_\_  
*Signature of the Applicant*

\_\_\_\_\_  
*Date*

**As Physician Medical Director I do hereby affix my signature attesting that the applicant named above is a member of the organization named above and is currently authorized as a provider with this organization. They currently demonstrate competence in all the skills outlined by the NREMT at the level for which the applicant is certified, as well as any additional skills included in this organization’s protocols. I further agree to ensure that all training for the purposes of continuing certification shall include verification of competency in emergency medical care knowledge, patient evaluation, and documentation of patient care, in accordance with the Quality Assurance & Improvement Plan as approved and on file with the DC Department of Health.**

\_\_\_\_\_  
*Signature of the Medical Director*

\_\_\_\_\_  
*Date*

**This application and all required documentation must be submitted to the Department of Health, Health Emergency Preparedness & Response Administration. The appropriate fee must be made payable to “DC Treasurer”.**

**Important:** This application packet consist of 3 pages, including instructions and eligibility requirements. Do not submit the application unless you have read and understood all pertinent information.



## General Instructions

- To ensure faster processing, please make sure the application is complete and all required documents are attached.
- It is the responsibility of the sponsoring EMS Agency to sign the application verifying the applicant is a member and authorized provider with the agency.
- All inquiries about the status of the application should be through the applicant's sponsoring EMS agency.
- Certification requirements are subject to change as a result of new legislation, new rules and regulations, or new policies and procedures adopted by the Department of Health. **Applicants must meet all certification requirements in force as of the time of their application.**
- Please remit the application fee by **certified check or money order** payable to "DC Treasurer" in United States dollars. The fee which accompanies an application covers the cost of reviewing and processing that specific application. ***It Cannot Be Refunded Even If The Applicant Is Found To Be Ineligible For Certification.***

## Initial Certification Documentation

- You must be at least 18 years of age.
- Initial applications are to be completed by those applicants who have completed an EMT certification course approved by the District of Columbia Department of Health.
- The application must include a copy of the certificate of completion from the certification course.
- Copies of National Registry EMT (or greater) and CPR certification cards must accompany the application.
- Initial certification fee is \$45.00.

## Out of State Certification and Documentation

- An applicant must hold a current, valid license or certification in a United States state or territory, which maintains certification/licensing standards at least equal to the District of Columbia's standards.
- Copies of National Registry EMT (or greater) and CPR certification cards must accompany the application.
- A copy of the "Basic Life Support – Verification of Certification" form, with only the top section completed.
- ***If you have only a military certification and no other state certification, include the following***
  - A copy of your DD Form 214
  - A copy of the "Basic Life Support – Verification of Military Certification" form, with only the top section completed.
- Certification fee is \$55.00.

## Certification Renewal Documentation

- You must be currently certified as an EMT in the District of Columbia in order to apply for renewal
- Copies of your current, valid National Registry EMT (or greater) and CPR certification cards must accompany the application.
- **In order to ensure that you receive your new certification card before your current card expires, please submit your application package to the Department of Health no later than 45-days prior to your current certification expiration date.**
- Certification renewal fee is \$30.00

## Submit Application to

**District of Columbia Department of Health**  
Health Emergency Preparedness and Response Administration  
BLS Certifications  
55 'M' Street, SE  
Suite 300  
Washington, DC 20003  
202-671-4222



**Government of the District of Columbia – Department of Health**  
**Emergency Medical Technician Application**



**Personal Information**

Renewal of Certification     
  Initial Certification     
  Reciprocity     
  Reinstatement

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Gender: \_\_\_\_\_

Other Names Used: \_\_\_\_\_ SSN# \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City, State, ZIP Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Sponsoring EMS Agency: \_\_\_\_\_

**Required Certifications**

| Certification  | Expiration | Training Agency          | Level | Number |
|----------------|------------|--------------------------|-------|--------|
| NREMT          | 3/31/      | <i>Initial Cert Only</i> |       |        |
| CPR (Course C) |            |                          |       |        |

**Work Experience**

*List all work experience as an EMS provider for the past ten years* *Dates (From/To)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Professional History**

- Do you now hold, or have you ever held a health professional license/certification? Yes  No   
*If your answer is "Yes", answer questions 2 & 3 and follow the directions below.*
- Has any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction limited, restricted, suspended or revoked any health professional license, certificate, or registration granted to you, or imposed a fine or reprimand, or taken any other disciplinary action against you? Yes  No
- Have you ever, in anticipation of or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any health professional license, certificate or registration issued to you by any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction? Yes  No

*If your answer is "Yes" to question 2 and/or 3, please give full details, names, addresses, etc., on a separate statement.*

4. Have you ever been found guilty or convicted, in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, as a result of any offense involving assault, abuse, criminal negligence, dishonesty, theft, fraud, or false statements? Have you ever been found guilty or convicted, in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, as a result of any offense involving an illegal act related to the performance of EMS duties or the operation of an EMS agency, vehicle or facility, or of any other violation of the public trust? Yes  No

***If your answer is “Yes” please give full details, names, addresses, etc. on a separate statement and furnish a Certified Court Copy (with court seal affixed) of the case record, including the charging document, the plea or verdict and the sentence or disposition.***

5. Do you owe the District of Columbia more than \$100 in outstanding fines, penalties, or interest assessed pursuant to any of the following:
- a. Litter Control Administrative Act of 1985 (D.C. Official Code § 8-801 et seq.);
  - b. Illegal Dumping Enforcement Act of 1994 (D.C. Official Code § 8-901 et seq.);
  - c. District of Columbia Traffic Adjudication Act of 1978 (D.C. Official Code § 50-2301.01 et seq.);
  - d. Department of Consumer and Regulatory Affairs Civil Infractions Act of 1985 (D.C. Official Code § 2-1801.01 et seq.);
  - e. District of Columbia Taxicab Commission Establishment Act of 1985 (D.C. Official Code § 50-301 et seq.);
  - f. Compulsory/No-Fault Motor Vehicle Insurance Act of 1982 (D.C. Official Code §31-2401 et seq.);
  - g. Fines assessed to car dealers pursuant to section 2(i) of the District of Columbia Revenue Act of 1937 (D.C. Official Code § 50-1501.02(i)); or

Do you owe the District of Columbia more than \$100 in past due Water and Sewer Authority service charges or fees, or past due taxes? Yes  No

***If your answer to one or more of the above is “Yes”, have you properly and timely appealed the infraction, assessment, tax, or basis for the alleged debt and is the appeal still pending, or have you and the District government agreed to a payment schedule to eliminate the outstanding debt and are you complying with the payment schedule? Please explain, and provide copies of all supporting documents.***

**Certification**

I hereby certify that the information contained within this application is true and complete to the best of my knowledge and belief. I understand and acknowledge that the making of a false statement in connection with this application is punishable by criminal penalties, and may also subject me to civil penalties and to the denial or termination of my certification. I understand that DOH may use the information supplied to perform a criminal background check. I agree to surrender my certification card to DOH within 30-days upon separation from my sponsoring EMS agency.

\_\_\_\_\_  
*Signature of the Applicant*

\_\_\_\_\_  
*Date*

**As Physician Medical Director I do hereby affix my signature attesting that the applicant named above is a member of the organization named above and is currently authorized as a provider with this organization. They currently demonstrate competence in all the skills outlined by the NREMT at the level for which the applicant is certified, as well as any additional skills included in this organization’s protocols. I further agree to ensure that all training for the purposes of continuing certification shall include verification of competency in emergency medical care knowledge, patient evaluation, and documentation of patient care, in accordance with the Quality Assurance & Improvement Plan as approved and on file with the DC Department of Health.**

\_\_\_\_\_  
*Signature of the Medical Director*

\_\_\_\_\_  
*Date*

**This application and all required documentation must be submitted to the Department of Health, Health Emergency Preparedness & Response Administration. The appropriate fee must be made payable to “DC Treasurer”.**

**Important:** This application packet consist of 3 pages, including instructions and eligibility requirements. Do not submit the application unless you have read and understood all pertinent information.



## General Instructions

- To ensure faster processing, please make sure the application is complete and all required documents are attached.
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- All inquiries about the status of the application should be through the applicant's sponsoring EMS agency.
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- Please remit the application fee by certified check or money order payable to "DC Treasurer" in United States dollars. The fee which accompanies an application covers the cost of reviewing and processing that specific application. ***It Cannot Be Refunded Even If The Applicant Is Found To Be Ineligible For Certification.***

## Initial Certification Documentation

- You must be at least 18 years of age.
- Initial applications are to be completed by those applicants who have completed a certification course approved by the District of Columbia Department of Health.
- The application must include a copy of the certificate of completion from the certification course.
- Copies of National Registry AEMT (or greater) and CPR certification cards must accompany the application.
- Initial certification fee is \$75.00.

## Out of State Certification and Documentation

- An applicant must hold a current, valid license or certification in a United States state or territory, which maintains certification/licensing standards at least equal to the District of Columbia's standards.
- Copies of National Registry AEMT (or greater) and CPR certification cards must accompany the application.
- A copy of the "Advanced Life Support – Verification of Certification" form, with only the top section completed.
- ***If you have only a military certification and no other state certification, include the following***
  - A copy of your DD Form 214
  - A copy of the "Advanced Life Support – Verification of Military Certification" form, with only the top section completed.
- Reciprocity certification fee is \$80.00.

## Certification Renewal Documentation

- You must be currently certified as an AEMT in the District of Columbia in order to apply for renewal
- Copies of your current, valid National Registry AEMT (or greater) and CPR certification cards must accompany the application.
- **In order to ensure that you receive your new certification card before your current card expires, please submit your application package to the Department of Health no later than 45-days prior to your current certification expiration date.**
- Certification renewal fee is \$30.00

## Submit Application to

**District of Columbia Department of Health**  
Health Emergency Preparedness and Response Administration  
ALS Certifications  
55 'M' Street, SE  
Suite 300  
Washington, DC 20003  
202-671-4222



# Advanced EMT Application



## Personal Information

Renewal of Certification     Initial Certification     Reciprocity Application     Reinstatement

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Gender: \_\_\_\_\_

Other Names Used: \_\_\_\_\_ SSN# \_\_\_\_-\_\_\_\_-\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City, State, ZIP Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Sponsoring EMS Agency: \_\_\_\_\_  Inactive

## Required Certifications

| Certification  | Expiration | Training Agency          | Level | Number |
|----------------|------------|--------------------------|-------|--------|
| NREMT          | 3/31/      | <i>Initial Cert Only</i> |       |        |
| CPR (Course C) |            |                          |       |        |

## Work Experience

List all work experience as an EMS provider for the past ten years

Dates (From/To)

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## Professional History

- Do you now hold, or have you ever held a health professional license/certification?    Yes     No   
*If your answer is "Yes", answer questions 2 & 3 and follow the directions below.*
- Has any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction limited, restricted, suspended or revoked any health professional license, certificate, or registration granted to you, or imposed a fine or reprimand, or taken any other disciplinary action against you?    Yes     No
- Have you ever, in anticipation of or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any health professional license, certificate or registration issued to you by any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction?    Yes     No

*If your answer is "Yes" to question 2 and/or 3, please give full details, names, addresses, etc., on a separate statement.*

4. Have you ever been found guilty or convicted, in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, as a result of any offense involving assault, abuse, criminal negligence, dishonesty, theft, fraud, or false statements? Have you ever been found guilty or convicted, in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, as a result of any offense involving an illegal act related to the performance of EMS duties or the operation of an EMS agency, vehicle or facility, or of any other violation of the public trust? Yes  No

*If your answer is "Yes" please give full details, names, addresses, etc. on a separate statement and furnish a Certified Court Copy (with court seal affixed) of the case record, including the charging document, the plea or verdict and the sentence or disposition.*

5. Do you owe the District of Columbia more than \$100 in outstanding fines, penalties, or interest assessed pursuant to any of the following:
- a. Litter Control Administrative Act of 1985 (D.C. Official Code § 8-801 et seq.);
  - b. Illegal Dumping Enforcement Act of 1994 (D.C. Official Code § 8-901 et seq.);
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  - e. District of Columbia Taxicab Commission Establishment Act of 1985 (D.C. Official Code § 50-301 et seq.);
  - f. Compulsory/No-Fault Motor Vehicle Insurance Act of 1982 (D.C. Official Code § 31-2401 et seq.);
  - g. Fines assessed to car dealers pursuant to section 2(i) of the District of Columbia Revenue Act of 1937 (D.C. Official Code § 50-1501.02(i)); or

Do you owe the District of Columbia more than \$100 in past due Water and Sewer Authority service charges or fees, or past due taxes? Yes  No

*If your answer to one or more of the above is "Yes", have you properly and timely appealed the infraction, assessment, tax, or basis for the alleged debt and is the appeal still pending, or have you and the District government agreed to a payment schedule to eliminate the outstanding debt and are you complying with the payment schedule? Please explain, and provide copies of all supporting documents.*

### Certification

I hereby certify that the information contained within this application is true and complete to the best of my knowledge and belief. I understand and acknowledge that the making of a false statement in connection with this application is punishable by criminal penalties, and may also subject me to civil penalties and to the denial or termination of my certification. I understand that DOH may use the information supplied to perform a criminal background check. I agree to surrender my certification card to DOH within 30-days upon separation from my sponsoring EMS agency.

\_\_\_\_\_  
*Signature of the Applicant*

\_\_\_\_\_  
*Date*

**As Physician Medical Director I do hereby affix my signature attesting that the applicant named above is a member of the organization named above and is currently authorized as a provider with this organization. They currently demonstrate competence in all the skills outlined by the NREMT at the level for which the applicant is certified, as well as any additional skills included in this organization's protocols. I further agree to ensure that all training for the purposes of continuing certification shall include verification of competency in emergency medical care knowledge, patient evaluation, and documentation of patient care, in accordance with the Quality Assurance & Improvement Plan as approved and on file with the DC Department of Health.**

\_\_\_\_\_  
*Signature of the Medical Director*

\_\_\_\_\_  
*Date*

**This application and all required documentation must be submitted to the Department of Health, Health Emergency Preparedness & Response Administration. The appropriate fee must be made payable to "DC Treasurer".**

**Important:** This application packet consist of 3 pages, including instructions and eligibility requirements. Do not submit the application unless you have read and understood all pertinent information.



## General Instructions

- To ensure faster processing, please make sure the application is complete and all required documents are attached.
- It is the responsibility of the sponsoring EMS Agency to sign the application verifying the applicant is a member and authorized provider with the agency.
- All inquiries about the status of the application should be through the applicant’s sponsoring EMS agency.
- Certification requirements are subject to change as a result of new legislation, new rules and regulations, or new policies and procedures adopted by the Department of Health. **Applicants must meet all certification requirements in force as of the time of their application.**
- Please remit the application fee by certified check or money order payable to “DC Treasurer” in United States dollars. The fee which accompanies an application covers the cost of reviewing and processing that specific application. ***It Cannot Be Refunded Even If The Applicant Is Found To Be Ineligible For Certification.***

## Initial Certification Documentation

- You must be at least 18 years of age.
- Initial applications are to be completed by those applicants who have completed a certification course approved by the District of Columbia Department of Health.
- The application must include a copy of the certificate of completion from the certification course.
- Copies of National Registry EMT-I99 (or greater), ACLS and CPR certification cards must accompany the application.
- Initial certification fee is \$75.00.

## Out of State Certification and Documentation

- An applicant must hold a current, valid license or certification in a United States state or territory, which maintains certification/licensing standards at least equal to the District of Columbia’s standards.
- Copies of National Registry EMT-I99 (or greater), ACLS and CPR certification cards must accompany the application.
- A copy of the “Advanced Life Support – Verification of Certification” form, with only the top section completed.
- ***If you have only a military certification and no other state certification, include the following***
  - A copy of your DD Form 214
  - A copy of the “Advanced Life Support – Verification of Military Certification” form, with only the top section completed.
- Reciprocity certification fee is \$80.00.

## Certification Renewal Documentation

- You must be currently certified as an EMT-I in the District of Columbia in order to apply for renewal
- Copies of your current, valid National Registry EMT-I99 (or greater) ACLS and CPR certification cards must accompany the application.
- **In order to ensure that you receive your new certification card before your current card expires, please submit your application package to the Department of Health no later than 45-days prior to your current certification expiration date.**
- Certification renewal fee is \$30.00

## Submit Application to

**District of Columbia Department of Health**  
Health Emergency Preparedness and Response Administration  
ALS Certifications  
55 ‘M’ Street, SE  
Suite 300  
Washington, DC 20003  
202-671-4222



# EMT-Intermediate Application



## Personal Information

Renewal of Certification     Initial Certification     Reciprocity Application     Reinstatement

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Gender: \_\_\_\_\_

Other Names Used: \_\_\_\_\_ SSN# \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City, State, ZIP Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Sponsoring EMS Agency: \_\_\_\_\_  Inactive

## Required Certifications

| Certification  | Expiration | Training Agency          | Level | Number |
|----------------|------------|--------------------------|-------|--------|
| NREMT          | 3/31/      | <i>Initial Cert Only</i> |       |        |
| ACLS           |            |                          |       |        |
| CPR (Course C) |            |                          |       |        |

## Work Experience

List all work experience as an EMS provider for the past ten years

Dates (From/To)

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## Professional History

- Do you now hold, or have you ever held a health professional license/certification?    Yes     No   
*If your answer is "Yes", answer questions 2 & 3 and follow the directions below.*
- Has any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction limited, restricted, suspended or revoked any health professional license, certificate, or registration granted to you, or imposed a fine or reprimand, or taken any other disciplinary action against you?    Yes     No
- Have you ever, in anticipation of or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any health professional license, certificate or registration issued to you by any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction?    Yes     No

*If your answer is "Yes" to question 2 and/or 3, please give full details, names, addresses, etc., on a separate statement.*

4. Have you ever been found guilty or convicted, in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, as a result of any offense involving assault, abuse, criminal negligence, dishonesty, theft, fraud, or false statements? Have you ever been found guilty or convicted, in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, as a result of any offense involving an illegal act related to the performance of EMS duties or the operation of an EMS agency, vehicle or facility, or of any other violation of the public trust? Yes  No

*If your answer is "Yes" please give full details, names, addresses, etc. on a separate statement and furnish a Certified Court Copy (with court seal affixed) of the case record, including the charging document, the plea or verdict and the sentence or disposition.*

5. Do you owe the District of Columbia more than \$100 in outstanding fines, penalties, or interest assessed pursuant to any of the following:
- a. Litter Control Administrative Act of 1985 (D.C. Official Code § 8-801 et seq.);
  - b. Illegal Dumping Enforcement Act of 1994 (D.C. Official Code § 8-901 et seq.);
  - c. District of Columbia Traffic Adjudication Act of 1978 (D.C. Official Code § 50-2301.01 et seq.);
  - d. Department of Consumer and Regulatory Affairs Civil Infractions Act of 1985 (D.C. Official Code § 2-1801.01 et seq.);
  - e. District of Columbia Taxicab Commission Establishment Act of 1985 (D.C. Official Code § 50-301 et seq.);
  - f. Compulsory/No-Fault Motor Vehicle Insurance Act of 1982 (D.C. Official Code § 31-2401 et seq.);
  - g. Fines assessed to car dealers pursuant to section 2(i) of the District of Columbia Revenue Act of 1937 (D.C. Official Code § 50-1501.02(i)); or

Do you owe the District of Columbia more than \$100 in past due Water and Sewer Authority service charges or fees, or past due taxes? Yes  No

*If your answer to one or more of the above is "Yes", have you properly and timely appealed the infraction, assessment, tax, or basis for the alleged debt and is the appeal still pending, or have you and the District government agreed to a payment schedule to eliminate the outstanding debt and are you complying with the payment schedule? Please explain, and provide copies of all supporting documents.*

**Certification**

I hereby certify that the information contained within this application is true and complete to the best of my knowledge and belief. I understand and acknowledge that the making of a false statement in connection with this application is punishable by criminal penalties, and may also subject me to civil penalties and to the denial or termination of my certification. I understand that DOH may use the information supplied to perform a criminal background check. I agree to surrender my certification card to DOH within 30-days upon separation from my sponsoring EMS agency.

\_\_\_\_\_  
*Signature of the Applicant*

\_\_\_\_\_  
*Date*

**As Physician Medical Director I do hereby affix my signature attesting that the applicant named above is a member of the organization named above and is currently authorized as a provider with this organization. They currently demonstrate competence in all the skills outlined by the NREMT at the level for which the applicant is certified, as well as any additional skills included in this organization's protocols. I further agree to ensure that all training for the purposes of continuing certification shall include verification of competency in emergency medical care knowledge, patient evaluation, and documentation of patient care, in accordance with the Quality Assurance & Improvement Plan as approved and on file with the DC Department of Health.**

\_\_\_\_\_  
*Signature of the Medical Director*

\_\_\_\_\_  
*Date*

**This application and all required documentation must be submitted to the Department of Health, Health Emergency Preparedness & Response Administration. The appropriate fee must be made payable to "DC Treasurer".**

**Important:** This application packet consist of 3 pages, including instructions and eligibility requirements. Do not submit the application unless you have read and understood all pertinent information.



## General Instructions

- To ensure faster processing, please make sure the application is complete and all required documents are attached.
- It is the responsibility of the sponsoring EMS Agency to sign the application verifying the applicant is a member and authorized provider with the agency.
- All inquiries about the status of the application should be through the applicant's sponsoring EMS agency.
- Certification requirements are subject to change as a result of new legislation, new rules and regulations, or new policies and procedures adopted by the Department of Health. **Applicants must meet all certification requirements in force as of the time of their application.**
- Please remit the application fee by certified check or money order payable to "DC Treasurer" in United States dollars. The fee which accompanies an application covers the cost of reviewing and processing that specific application. ***It Cannot Be Refunded Even If The Applicant Is Found To Be Ineligible For Certification.***

## Initial Certification Documentation

- You must be at least 18 years of age.
- Initial applications are to be completed by those applicants who have completed a certification course approved by the District of Columbia Department of Health.
- The application must include a copy of the certificate of completion from the certification course.
- Copies of National Registry Paramedic, ACLS and CPR certification cards must accompany the application.
- Initial certification fee is \$75.00.

## Out of State Certification and Documentation

- An applicant must hold a current, valid license or certification in a United States state or territory, which maintains certification/licensing standards at least equal to the District of Columbia's standards.
- Copies of National Registry Paramedic, ACLS and CPR certification cards must accompany the application.
- A copy of the "Advanced Life Support – Verification of Certification" form, with only the top section completed.
- ***If you have only a military certification and no other state certification, include the following***
  - A copy of your DD Form 214
  - A copy of the "Advanced Life Support – Verification of Military Certification" form, with only the top section completed.
- Reciprocity certification fee is \$80.00.

## Certification Renewal Documentation

- You must be currently certified as a Paramedic in the District of Columbia in order to apply for renewal
- Copies of your current, valid National Registry Paramedic, ACLS and CPR certification cards must accompany the application.
- **In order to ensure that you receive your new certification card before your current card expires, please submit your application package to the Department of Health no later than 45-days prior to your current certification expiration date.**
- Certification renewal fee is \$30.00

## Submit Application to

**District of Columbia Department of Health**  
Health Emergency Preparedness and Response Administration  
ALS Certifications  
55 'M' Street, SE  
Suite 300  
Washington, DC 20003  
202-671-4222



**Government of the District of Columbia – Department of Health**  
**Paramedic Application**



**Personal Information**

Renewal of Certification     Initial Certification     Reciprocity Application     Reinstatement

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Gender: \_\_\_\_\_

Other Names Used: \_\_\_\_\_ SSN# \_\_\_\_-\_\_\_\_-\_\_\_\_ Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City, State, ZIP Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Sponsoring EMS Agency: \_\_\_\_\_  Inactive

**Required Certifications**

| Certification  | Expiration | Training Agency          | Level | Number |
|----------------|------------|--------------------------|-------|--------|
| NREMT          | 3/31/      | <i>Initial Cert Only</i> |       |        |
| ACLS           |            |                          |       |        |
| CPR (Course C) |            |                          |       |        |

**Work Experience**

List all work experience as an EMS provider for the past ten years

*Dates (From/To)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Professional History**

- Do you now hold, or have you ever held a health professional license/certification?    **Yes**     **No**   
*If your answer is "Yes", answer questions 2 & 3 and follow the directions below.*
- Has any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction limited, restricted, suspended or revoked any health professional license, certificate, or registration granted to you, or imposed a fine or reprimand, or taken any other disciplinary action against you?    **Yes**     **No**
- Have you ever, in anticipation of or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any health professional license, certificate or registration issued to you by any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction?    **Yes**     **No**

***If your answer is "Yes" to question 2 and/or 3, please give full details, names, addresses, etc., on a separate statement.***

4. Have you ever been found guilty or convicted, in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, as a result of any offense involving assault, abuse, criminal negligence, dishonesty, theft, fraud, or false statements? Have you ever been found guilty or convicted, in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, as a result of any offense involving an illegal act related to the performance of EMS duties or the operation of an EMS agency, vehicle or facility, or of any other violation of the public trust? Yes  No

*If your answer is "Yes" please give full details, names, addresses, etc. on a separate statement and furnish a Certified Court Copy (with court seal affixed) of the case record, including the charging document, the plea or verdict and the sentence or disposition.*

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  - b. Illegal Dumping Enforcement Act of 1994 (D.C. Official Code § 8-901 et seq.);
  - c. District of Columbia Traffic Adjudication Act of 1978 (D.C. Official Code § 50-2301.01 et seq.);
  - d. Department of Consumer and Regulatory Affairs Civil Infractions Act of 1985 (D.C. Official Code § 2-1801.01 et seq.);
  - e. District of Columbia Taxicab Commission Establishment Act of 1985 (D.C. Official Code § 50-301 et seq.);
  - f. Compulsory/No-Fault Motor Vehicle Insurance Act of 1982 (D.C. Official Code § 31-2401 et seq.);
  - g. Fines assessed to car dealers pursuant to section 2(i) of the District of Columbia Revenue Act of 1937 (D.C. Official Code § 50-1501.02(i)); or

Do you owe the District of Columbia more than \$100 in past due Water and Sewer Authority service charges or fees, or past due taxes? Yes  No

*If your answer to one or more of the above is "Yes", have you properly and timely appealed the infraction, assessment, tax, or basis for the alleged debt and is the appeal still pending, or have you and the District government agreed to a payment schedule to eliminate the outstanding debt and are you complying with the payment schedule? Please explain, and provide copies of all supporting documents.*

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### Certification

I hereby certify that the information contained within this application is true and complete to the best of my knowledge and belief. I understand and acknowledge that the making of a false statement in connection with this application is punishable by criminal penalties, and may also subject me to civil penalties and to the denial or termination of my certification. I understand that DOH may use the information supplied to perform a criminal background check. I agree to surrender my certification card to DOH within 30-days upon separation from my sponsoring EMS agency.

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*Signature of the Applicant*

---

*Date*

---

**As Physician Medical Director I do hereby affix my signature attesting that the applicant named above is a member of the organization named above and is currently authorized as a provider with this organization. They currently demonstrate competence in all the skills outlined by the NREMT at the level for which the applicant is certified, as well as any additional skills included in this organization's protocols. I further agree to ensure that all training for the purposes of continuing certification shall include verification of competency in emergency medical care knowledge, patient evaluation, and documentation of patient care, in accordance with the Quality Assurance & Improvement Plan as approved and on file with the DC Department of Health.**

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*Signature of the Medical Director*

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*Date*

---

**This application and all required documentation must be submitted to the Department of Health, Health Emergency Preparedness & Response Administration. The appropriate fee must be made payable to "DC Treasurer".**

**Important:** This application packet consist of 3 pages, including instructions and eligibility requirements. Do not submit the application unless you have read and understood all pertinent information.

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF HEALTH



Health Emergency Preparedness  
and Response Administration

**Basic Life Support – Verification of Certification**

**This Section to be Completed by the Applicant**

**Applicant:** Please complete the top portion of the form and submit it along with your application for certification.

Name: \_\_\_\_\_  
*Last First Middle Other, if any*

Address: \_\_\_\_\_  
*Street City State Zip*

Certification Level:  EMR/First Responder  EMT-Basic Certification #: \_\_\_\_\_ Date Issued: \_\_\_\_\_

I hereby authorize the \_\_\_\_\_ to furnish the District of Columbia Department of Health the information requested below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This Section to be Completed by the Certification/Licensing Agency Only**

The applicant listed above is applying for either an EMT-Basic or EMR/First Responder certification (as checked above) in the District of Columbia. Please provide the following information

This is to certify that the above named individual was issued a license or certification number \_\_\_\_\_ as an

EMR/First Responder  EMT-Basic Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Current Status:  Active  Inactive  Lapsed  Other \_\_\_\_\_

What examination does your agency currently require for purposes of certification?  
 National Registry  State Board Examination  Other \_\_\_\_\_

Has this individual completed a training program consistent with the US Department of Transportation Emergency Medical Responder/First Responder or EMT-Basic educational guidelines? Yes  No

If **No**, please provide a brief description of the requirements this individual completed for purposes of certification?  
\_\_\_\_\_  
\_\_\_\_\_

Has the individual ever been subjected to disciplinary action of any type? Yes  No   
*If yes, please forward all publicly disclosable information regarding the disciplinary action and the individual's current status.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Please complete and return directly to:  
**District of Columbia Department of Health**  
Health Emergency Preparedness and Response Administration  
BLS Certifications  
55 'M' Street, SE, Suite 300 Washington, DC 20003  
By Fax: 671-0707

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF HEALTH



Health Emergency Preparedness  
and Response Administration

**Basic Life Support – Verification of Military Certification**

**This Section to be Completed by the Applicant**

**Applicant:** Please complete the top portion of the form and submit it along with your application for certification.

Name: \_\_\_\_\_  
*Last First Middle Other, if any*

Address: \_\_\_\_\_  
*Street City State Zip*

Certification Level:  EMR/First Responder  EMT-Basic Certification #: \_\_\_\_\_ Date Issued: \_\_\_\_\_

I hereby authorize the \_\_\_\_\_ to furnish the District of Columbia Department of Health the information requested below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This Section to be Completed by the Applicant's Last Duty Station Only**

The applicant listed above is applying for either an EMT-Basic or EMR/First Responder certification (as checked above) in the District of Columbia. Please provide the following information

This is to certify that the above named individual was issued a license or certification as an  EMR/First Responder  EMT-Basic  
 Other \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Current Status:  Active  Inactive  Lapsed  Other \_\_\_\_\_

What examination does your command currently require for purposes of certification?  
 National Registry  Military School Examination  Other \_\_\_\_\_

Has this individual completed a training program consistent with the US Department of Transportation Emergency Medical Responder/First Responder or EMT-Basic educational guidelines? Yes  No

If **No**, please provide a brief description of the requirements this individual completed for purposes of certification?  
\_\_\_\_\_  
\_\_\_\_\_

Has the individual ever been subjected to disciplinary action of any type? Yes  No   
*If yes, please forward all publicly disclosable information regarding the disciplinary action and the individual's current status.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Please complete and return directly to:  
**District of Columbia Department of Health**  
Health Emergency Preparedness and Response Administration  
BLS Certifications  
55 'M' Street, SE, Suite 300 Washington, DC 20003  
By Fax: 671-0707

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF HEALTH



Health Emergency Preparedness  
and Response Administration

Advanced Life Support – Verification of Certification

This Section to be Completed by the Applicant

**Applicant:** Please complete the top portion of the form and forward it to the certifying authority for official verification of certification/licensure at the Basic Life Support level indicated.

Name: \_\_\_\_\_  
*Last First Middle Other, if any*

Address: \_\_\_\_\_  
*Street City State Zip*

Certification Level:  AEMT  EMT-I  Paramedic Certification #: \_\_\_\_\_ Date Issued: \_\_\_\_\_

I hereby authorize the \_\_\_\_\_ to furnish the District of Columbia Department of Health the information requested below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This Section to be Completed by the Certification/Licensing Agency Only

The applicant listed above is applying for either an Intermediate Paramedic or Paramedic certification (as checked above) in the District of Columbia. Please provide the following information

This is to certify that the above named individual was issued a license or certification number \_\_\_\_\_ as an

AEMT  EMT-I  Paramedic Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Current Status:  Active  Inactive  Lapsed  Other \_\_\_\_\_

What examination does your agency currently require for purposes of certification?  
 National Registry  State Board Examination  Other \_\_\_\_\_

Has this individual completed a training program consistent with the US Department of Transportation Emergency Medical Technician-Intermediate/99 or Paramedic educational guidelines? Yes  No

If **No**, please provide a brief description of the requirements this individual completed for purposes of certification?  
\_\_\_\_\_  
\_\_\_\_\_

Has the individual ever been subjected to disciplinary action of any type? Yes  No   
*If yes, please forward all publicly disclosable information regarding the disciplinary action and the individual's current status.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Please complete and return directly to:  
**District of Columbia Department of Health**  
Health Emergency Preparedness and Response Administration  
ALS Certifications  
55 'M' Street, SE, Suite 300 Washington, DC 20003  
By Fax: 671-0707

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF HEALTH



Health Emergency Preparedness  
and Response Administration

**Advanced Life Support – Verification of Military Certification**

**This Section to be Completed by the Applicant**

**Applicant:** Please complete the top portion of the form and forward it to the certifying authority for official verification of certification/licensure at the Basic Life Support level indicated.

Name: \_\_\_\_\_  
*Last First Middle Other, if any*

Address: \_\_\_\_\_  
*Street City State Zip*

Certification Level:  AEMT  EMT-I  Paramedic Certification #: \_\_\_\_\_ Date Issued: \_\_\_\_\_

I hereby authorize the \_\_\_\_\_ to furnish the District of Columbia Department of Health the information requested below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This Section to be Completed by the Applicant's Last Duty Station Only**

The applicant listed above is applying for either an Intermediate Paramedic or Paramedic certification (as checked above) in the District of Columbia. Please provide the following information

This is to certify that the above named individual was issued a license or certification as an  Intermediate Paramedic  Paramedic  
 Other \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Current Status:  Active  Inactive  Lapsed  Other \_\_\_\_\_

What examination does your command currently require for purposes of certification?  
 National Registry  Military School Examination  Other \_\_\_\_\_

Has this individual completed a training program consistent with the US Department of Transportation Advanced EMT, Emergency Medical Technician-Intermediate/99 or Paramedic educational guidelines? Yes  No

If **No**, please provide a brief description of the requirements this individual completed for purposes of certification?  
\_\_\_\_\_  
\_\_\_\_\_

Has the individual ever been subjected to disciplinary action of any type? Yes  No   
*If yes, please forward all publicly disclosable information regarding the disciplinary action and the individual's current status.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

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