

# VERMONT EMS INSTRUCTOR-COORDINATOR APPLICATION FOR INITIAL CERTIFICATION

Instructions: Complete both sides of this application. Attach materials described in Section II.

## I. Applicant Information

Vermont EMT # _____	EMT Exp. Date _____	Social Security Number _____	Sex _____	Date of Birth _____
Last Name _____		First Name _____		Middle Initial or Name _____
My address, phone numbers and affiliation (check one): <input type="checkbox"/> remain unchanged <input type="checkbox"/> are now as indicated below				
Address _____		Town/City _____	State _____	ZIP _____
(____) _____ - _____ Home Phone	(____) _____ - _____ Work Phone	_____ Primary Service Affiliation		_____ Secondary Serv Affil

## II. Education: Complete one of the two boxes in this section

<p><b>A. New England Council Instructor Course Completed</b></p> <p>Course Location _____</p> <p>Course Completion Date _____</p> <p><i>Attach copy of certificate of completion</i></p>	<p><b>B. Equivalent Education Obtained:</b></p> <p><input type="checkbox"/> Vermont Teacher's License Num _____ Attach copy of license</p> <p><input type="checkbox"/> Other: <i>Attach copy of supporting materials, including transcripts, licenses, etc</i></p>
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## III. Evaluation of teaching knowledge and skills (to New England Council standards)

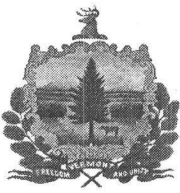
Exam Location _____	Exam Date _____
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## IV. Orientation to Vermont policies and procedures

Orientation Location _____	Orientation Date _____
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\*\*\*\*\* DO NOT WRITE BELOW THIS LINE \*\*\*\*\* EMS OFFICE USE ONLY \*\*\*\*\*

Date recd _____		Written Practical
Date approved _____	#1	_____
Comp _____	#2	_____
Card _____	#3	_____
Comments _____		
_____		
_____		



Vermont Emergency Medical Services

108 Cherry Street, PO Box 70

Burlington, VT 05402-0070

(802) 863-7310 or (800)244-0911 (Vermont only), Fax (802) 863-7577



**Please answer the following questions**

**Since the last time you applied for certification or recertification:**

**YES NO** Are you currently illegally using drugs or have you only recently stopped illegally using drugs?

**YES NO** Have you been convicted of a crime not previously reported to the EMS Office?

**YES NO** Have you ever had an action taken against any professional license or certification that you have held in Vermont or elsewhere?

**STATEMENT OF COMPLIANCE FOR CERTIFICATION**

**1. Child Support (15 V.S.A. Section 795)**

A license may not be issued or renewed unless the applicant certifies that he or she is not under an obligation to pay child support or is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date the application is filed. A "license" is any license, certification, or registration issued by any agency to conduct a trade or business, including a license to practice a profession or occupation. "Good standing" means that less than one-twelfth of the annual support obligation is overdue; or liability for any support payable is being contested in a judicial or quasi-judicial proceeding; or the applicant is in compliance with a repayment plan approved by the office of child support or agreed to by the parties. The licensing agency may also find that requiring immediate payment of child support due and payable would impose an unreasonable hardship.

**2. Tax Liability (32 V.S.A. Section 3113)**

No state agency may renew any license or other authority to conduct a trade or business unless the applicant first verifies in writing that he or she is in good standing with respect to or in full compliance with a plan to pay any and all taxes due as of the date such statement is made. "Good standing" means that no taxes are due and payable; or the liability for any taxes due and payable is on appeal; or the person is in compliance with a payment plan approved by the Commissioner of Taxes. The licensing agency may condition license renewal on terms which would place the applicant in good standing with respect to any and all taxes as soon as possible, if the agency finds an unreasonable hardship.

**CERTIFICATE OF COMPLIANCE**

I have read the above material concerning child support and tax liability.

I hereby certify that I am not under an obligation to pay child support or I am in good standing, as described above, regarding child support.

I hereby further certify that I am in good standing, as described above, with respect to, or in full compliance with a plan to pay, any and all taxes due as of the date of this statement. This certification is made under the pains and penalties of perjury.

I also attest the information contained in this certification application is correct and factual. Any intentional misrepresentation may be deemed by the Commissioner of Health to be in violation of Vermont law, and may subject my certification to conditions, suspension, revocation or denial. I further attest that I have read (or someone has read to me) and understand all information regarding (re) certification and (re)certification examinations that may be contained in this application.

PRINT NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_