

**GOVERNMENT OF
THE UNITED STATE VIRGIN ISLANDS
DEPARTMENT OF HEALTH
Emergency Medical Services
48 SUGAR ESTATE, ST. THOMAS, USVI 00802**



EMT Licensure Application

Name:		Application Date:	License Level applying for?
Mailing Address:	City:	State:	Zip Code:
Street Address (If not the same as above)			
Home Phone #:	Highest Level of Education Completed:		
Registry No.:	Expired:		
Current State Licence (State and Lic. No.)	Expired:		

Can you lift and carry a minimum of 100 lbs.?

Yes ____ No ____

Current VI Driver's License:

Yes ____ No ____ Expired: _____

VI Driver License No.: _____

Have you completed an Emergency Defensive and Evasive Driving Course:

Yes ____ No ____

Have you ever been convicted of a felony?

Yes ____ No ____

(If you answered yes, attach a written explanation with supporting documentation)

Do you currently have any physical, mental, or medical condition which in any way limits or impairs your ability to function as an EMT?

Yes ____ No ____

(if you answered yes, attach a written explanation with supporting documentation.)

CPR Healthcare Provider Current:

Yes ____ No ____ Expired: _____

ACLS Provider Current: (if applicable)

Yes ____ No ____ Expired: _____

I understand that my application will not be accepted for processing until it has been completed in its entirety and I hereby affirm and declare that the above information is true and correct and that any fraudulent entry may be considered a sufficient cause for rejection or subsequent revocation.

Applicant Signature

Date:

Approved

Disapproved

Date: _____

Approving Officer Signature: _____

VI EMT Lic. No.:	License Level:
Date Issued:	Date Expired:

When submitting your EMT Licensure Application you must attach a copy of the following documents:

- Current NREMT Certification Card
- Current CPR Card
- Current VI Driver License
- ACLS (Cardiac Technicians and Paramedics only)
- Supporting documents if required