

EMS Reinstatement Application

Iowa Department of Public Health
Bureau of Emergency and Trauma Services
Lucas State Office Building
321 E 12th St
Des Moines, Iowa 50319
(515) 281-0620 or (800) 728-3367

Application Information

Emergency medical care providers must be actively certified by the Iowa Department of Public Health's Bureau of Emergency and Trauma Services to function in the State of Iowa. Any individual whose Iowa EMS provider certification has expired or been revoked may apply for reinstatement. The Iowa EMS Recertification Reinstatement Application must be completed and sent to the Bureau of EMS

Upon receipt of your completed *Iowa EMS Certification Reinstatement Application* and application fee, if approved, the Bureau will send you an *Iowa EMS Certification Reinstatement Preliminary Approval* form. Preliminary approval by the Bureau is required prior to enrollment in an Iowa EMS training program for completion of the required refresher training.

Once you receive your *Iowa EMS Certification Reinstatement Preliminary Approval* form you will need to complete the following:

1. An approved refresher program sponsored through an Iowa EMS training program.
2. National Registry of Emergency Medical Technician (NREMT) practical evaluation and computer testing for the level of EMS certification being reinstated.

Individuals have one (1) year to complete the reinstatement requirements. This time period is inclusive of all testing requirements.

A reinstatement application fee of \$30.00, payable to the *Iowa Department of Public Health (IDPH), Bureau of Emergency and Trauma Services*, must accompany the completed application form. The application fee does not include continuing education, practical evaluation or computer testing fees.

Providers who have allowed their certification to expire, and have completed all continuing education requirements during the certification period, are eligible to complete the **late renewal** process. To submit a late renewal, an Affirmative Renewal Application must be submitted along with appropriate certification fees, \$30 late fee and the required audit information. **DO NOT SUBMIT THE REINSTATEMENT APPLICATION IF COMPLETING A LATE RENEWAL.**

Required audit information includes:

- 1) Date of course
- 2) Title of course
- 3) Number of hours approved
- 4) EMS Sponsor number
- 5) Appropriate signatures (if required)
- 6) Proof of current CPR training

The Affirmative Renewal Application, along with an audit reporting form, is available at www.idph.state.ia.us/ems.

If you should have any questions, please feel free to contact the Bureau of EMS at 515-281-0620.

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Section A: Applicant Information

Social Security Number

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Privacy Act Notice: Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13) and Iowa Code § 252J.8(1). The number will be used in connection with the collection of child support obligations and as an internal means to accurately identify licensees, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18.

Last Name

First Name

MI

Home Mailing Address

City

State

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Zip Code

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Gender

<input type="checkbox"/> Male	<input type="checkbox"/> Female
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Date of Birth

<input type="text"/> / <input type="text"/>	<input type="text"/>
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Age

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Home Phone Number

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Email

Section B: Previous Iowa EMS Certification Level

Please indicate which level of EMS certification you are seeking to reinstate:

EMR

AEMT

EMT

Paramedic

What Iowa EMS training program sponsored your initial training: _____

Iowa EMS certification number (if known): _____

Section C: Certification Related Questions

For each “Yes” answer to the following questions you must provide a separate statement giving full details, including dates, locations, actions, organizations or parties involved and specified reasons. At the discretion of the Bureau, more supporting information may be requested.

Yes No

1. Do you have a medical condition which in any way impairs or limits your ability to provide emergency medical care? “Medical condition” means any physiological, mental, or psychological condition, impairment, or disorder, including drug addiction and alcoholism.

If yes, provide a description of your condition and submit a letter from a physician stating that your condition will not affect your ability to perform these function.

2. Have you within the past 5 years engaged in the illegal or improper use of drugs or other chemical substances?

If yes, provide a letter from your physician or treatment program that identifies your current or past treatment status. The letter should also include a statement that your condition will not affect your ability to perform emergency medical care functions.

3. Have you ever been convicted of, found guilty of, or entered a plea of no contest to a felony or misdemeanor crime? (other than minor traffic violations with fines under \$100.00) You must answer “yes” even if the matter was deferred or expunged from the record.

If yes, include the date, location, charge, court disposition and current status (i.e. probation) for each charge. If the charge was a crime against a person (i.e. assault, domestic abuse) include copies of the charging orders and court disposition records.

4. Has any state or other jurisdiction of the United States or any other nation ever limited, restricted, warned, censured, placed on probation, suspended, revoked, or otherwise disciplined a license issued to you?

If yes, include date, location, reason, current status, etc.

5. Have you ever been sued in connection with your emergency medical functions in this or any other state?

If yes, include date, location, reason, current status etc.

Section D: Affirmation Statement

I hereby affirm that the information provided on this application is true and correct to the best of my knowledge. I understand that providing false and/or misleading information may result in citation and warning, denial, probation, suspension or revocation of my certification. I understand that I am required to update answers or information submitted to the Bureau of EMS if the response of the information changes. I consent to any reasonable inquiry that may be necessary to verify or clarify the information I have provided.

Applicant’s Signature

Date