



Colorado Department  
of Public Health  
and Environment

# Colorado Department of Public Health and Environment Health Facilities & EMS Division Colorado Emergency Medical Services Provider Application

*This application is a matter of public record  
There is no fee associated with initial or renewal certification*

The Application Instruction Guide is posted at [www.coems.info](http://www.coems.info). It contains detailed information for all required documentation, timelines and details for background checks and the application process.

Submit the following documents as listed below:

- Completed **Application** including a signed and dated **Affidavit of Lawful Presence/Application Attestation Statement** (page 3).
- Photocopy of your **Proof of Identification**
  - If mailing this application, use the form on page 4 to **notarize** your proof of identification.
  - If submitting this application in person, bring your identification **AND** a photocopy with you.
- Photocopies (front and back) of your **CPR card** (all levels), **ACLS card** (EMT-I and Paramedic), and documentation of **BCCTPC certification/card** (Paramedic - Critical Care Endorsement)
  - CPR/ACLS courses must be pre-approved by the Department. See website for a complete list.
  - A letter or course completion certificate from your course director may be substituted for front and back of the CPR/ACLS card(s). The letter must include program and course names and the date of the course.
- Paramedic - Critical Care Endorsement. This application should only be used for INITIAL and RENEWAL. Contact certification staff for instructions on adding this endorsement to an existing Colorado paramedic certificate.

If applicable, provide the following (in addition to items above):

- Legal documentation of any **name change** since your previous Colorado EMS Provider certification
- Court-issued documents detailing the final disposition of any/all criminal convictions or deferred sentences (except traffic)
- Official documents for every healthcare-related disciplinary action taken against you that detail the nature of the incident and its disposition

<p>Mailing address:</p> <p>CDPHE - EMT Certification HFEMSD-A2 4300 Cherry Creek Drive South Denver, CO 80246-1530</p>	<p>Physical location for application delivery:</p> <p>710 South Ash Street Southeast entrance of the building</p> <p>Located on the 4300 Cherry Creek Campus, Building C</p>
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## INFORMATION FOR PROVISIONAL CERTIFICATION ONLY

**ONLY** those applicants who are awaiting the results of their fingerprint-based background checks qualify for Provisional Certification. If you believe that you qualify and are interested in applying for Provisional Certification, please contact certification staff for specific instructions regarding the completion of the application.

Telephone: 303-692-2980

Email: [cdphe.emtcert@state.co.us](mailto:cdphe.emtcert@state.co.us)



Colorado Department of Public Health and Environment

Colorado Department of Public Health and Environment
Health Facilities & EMS Division
Colorado Emergency Medical Services Provider
Application

1. EMS Provider Level: [ ] EMT [ ] Advanced EMT [ ] EMT-Intermediate [ ] Paramedic

2. Certification Classification: [ ] Initial [ ] Renewal [ ] Change in Level

2a. Are you requesting a change in certification level?

[ ] Upgrading to Higher Level [ ] Downgrading to Lower Level

2b. Are you requesting a Paramedic with Critical Care Endorsement? [ ] Yes [ ] No
(Requires a copy of the BCCTPC certificate or card)

Use this form only for INITIAL AND RENEWAL APPLICATIONS. Please contact certification staff to add critical care endorsement to an EXISTING COLORADO PARAMEDIC CERTIFICATE.

2c. Are you, or your spouse, currently serving in the Armed Services? [ ] Yes [ ] No
If Yes, please review the Instructions for Military Personnel and Spouses guide for information.

3. Colorado EMS Provider Number: \_\_\_\_\_ (RENEWAL applicants only)

3a. Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

4. Current NREMT Number: \_\_\_\_\_ (REQUIRED for initial and upgrade applications)

5. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

6. Social Security #: \_\_\_\_\_
Social Security # is not required, but may expedite the processing of your application

7. Legal FIRST Name: \_\_\_\_\_ 8. Middle Initial: \_\_\_\_\_

9. Legal LAST Name: \_\_\_\_\_

9a. Is this a change since your last certification? [ ] Yes [ ] No

If Yes, previous name: \_\_\_\_\_

Legal documentation of name change is required -- ATTACH DOCUMENTATION to application

10. Home Mailing Address: \_\_\_\_\_

Your certificate will be mailed to this address -- PLEASE WRITE LEGIBLY

11. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

12. Best Contact Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 13. Alternate #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

14. Email Address: \_\_\_\_\_

Provisional Certification (FOR OFFICE USE ONLY)

15. Provisional (90-day) Certificate? [ ] Yes [ ] No

15a. Date fingerprints submitted to CBI: \_\_\_\_\_

15b. Provisional Certification Fee enclosed: [ ] Certified Check [ ] Cashier's Check [ ] Money Order # \_\_\_\_\_

15c. Name-based background checks included from these states: \_\_\_\_\_

Table with 3 columns: DATE STAMP, FOR OFFICE USE ONLY, and checkboxes for Hold for Page, Hold for CBI/FBI, Forward for review, Background Approved.

PRINT First Name: \_\_\_\_\_ PRINT Last Name: \_\_\_\_\_

**Continuing Education/Skills Competency Verification**  
If you are an initial applicant or provided an NREMT number, skip to question 25

**Continuing Education Requirement\*:**

This section **MUST** be completed by an authorized Program Representative of a recognized Colorado Education Program.

16. Education Requirement Completion Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

17. Education Program #: \_\_\_\_ 18. Education Program Name: \_\_\_\_\_

19. Program Representative Printed Name: \_\_\_\_\_

20. Program Representative Signature: \_\_\_\_\_

*\*Signature indicates the candidate has completed the continuing education requirement as determined by the Department.*

**Skills Competency Attestation\*:**

This section can be completed by your education program or your agency medical director.

21. Skill Attestation Completion Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Education Program # \_\_\_\_\_

*Not required for agency medical director.*

22. Agency/Education Program Name \_\_\_\_\_

23. Med. Dir./Program Rep. Printed Name \_\_\_\_\_

24. Med. Dir./Program Rep. Signature: \_\_\_\_\_ M.D. Lic. #: \_\_\_\_\_

*\*Signature indicates that the candidate is competent in skills for the respective level of certification.*

**Background Information**

25. List all states where you are or have been certified, licensed or registered as an EMS Provider.  
Do not include Colorado.

State: \_\_\_\_ Exp (Year): \_\_\_\_\_ State: \_\_\_\_ Exp (Year): \_\_\_\_\_ State: \_\_\_\_ Exp (Year): \_\_\_\_\_

**If you answer "YES" to Questions 26, 27, 28 OR 29, official documentation MUST be provided at this time.**

*If documents have been submitted previously and there have been no changes, no further documentation is needed.*

26. Have you *ever* been arrested or charged with a misdemeanor or felony (excluding traffic) in this or any other state or nation?

Yes  No

27. Have you *ever* been convicted of, pled guilty or no contest to, or received a deferred sentence for a misdemeanor or felony (excluding traffic) in this or any other state or nation?

Yes  No

28. Have you *ever* been or are you currently the subject of an investigation by any health care licensing jurisdiction?

Yes  No

29. Have you *ever* had any disciplinary action taken against you in connection with the performance of health care-related activities in this or any other state or nation?

Yes  No

PRINT First Name: \_\_\_\_\_ PRINT Last Name: \_\_\_\_\_

### Fingerprint-Based Criminal History Record Check

*-Initial Applicants: A fingerprint-based criminal history record check (submitted to the Colorado Bureau of Investigation) is required prior to issuing an EMS Provider certificate.*

*-Renewing Applicants: A finger-print based criminal history record check (prepared by the Colorado Bureau of Investigation) is required ONLY if you have lived out of the state at any time in the past three years.*

*-All applicants who have lived out of state at any time during the past 3 years must request a CBI and FBI fingerprint-based criminal history record check (submitted to the Colorado Bureau of Investigation). This is required prior to issuing a three year EMS Provider certificate.*

30. Have you lived outside of Colorado any time during the past 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30a. If YES, when did you submit your request for a CBI/FBI fingerprint-based background check?	Date: _____
30b. If NO, and you are an Initial Applicant, when did you submit your request for the required CBI fingerprint-based background check?	Date: _____
30c. If NO, and you are RENEWING, there is no need to resubmit a request for a CBI fingerprint-based background check.	

### Affidavit of Lawful Presence and Attestation Statement

I, \_\_\_\_\_, swear or affirm under penalty of perjury under the laws of the State of Colorado that:

\_\_\_\_\_ I am a United States citizen, OR

\_\_\_\_\_ I am a Permanent Resident of the United States, OR

\_\_\_\_\_ I am lawfully present in the United States pursuant to Federal Law

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503, and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

**I attest that all information and documents provided by me in this application form are correct and true.**

**Additionally I understand that failure to provide complete and accurate information may result in denial of certification and/or disciplinary sanctions.**

31. Signature (in ink): \_\_\_\_\_ Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Optional Demographic Information

32. Gender:  Male  Female

33. Race/Ethnicity:  Asian  Black  Hispanic  Native American  White  Other

34. Type of Work:  Paid  Volunteer  Both  Not practicing

**Proof of Identification/Lawful Presence**

***A PHOTOCOPY OF YOUR IDENTIFICATION is required for ALL APPLICANTS  
See the Application Instruction Guide for list of acceptable forms of identification***

**FOR MAIL-IN APPLICATIONS: Notarization of the photocopy is required - use this form  
FOR WALK-IN APPLICATIONS: Bring photocopy AND original identification document with you**

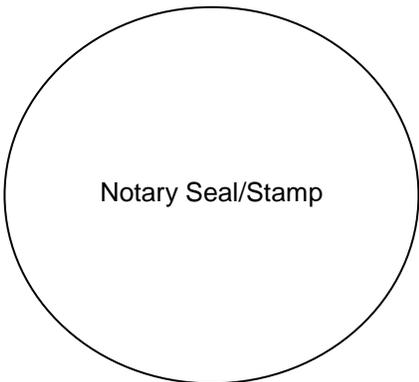


State of \_\_\_\_\_, County (or City) of \_\_\_\_\_, I, \_\_\_\_\_,  
(Name of State) (County or City) (Name of Notary)

a Notary Public in and for said state, do certify that on \_\_\_\_\_, I carefully compared the original  
(Date)

identification document with the attached facsimile of \_\_\_\_\_.  
(Type of Document)

The copy attached is a complete, full, true, and exact facsimile of the document it purports to reproduce.



\_\_\_\_\_  
(Notary's official signature)

\_\_\_\_\_  
(Commission expiration date)

Place copy of CPR card and  
ACLS card (if required) here.

Please copy front and back of card(s).

Place copy of BCCTPC certificate or  
BCCTPC card here.

**REQUIRED** for Paramedic  
with a Critical Care Endorsement  
application (initial or renewal).