



Colorado Department
of Public Health
and Environment

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

***Current Colorado certification is required to practice as an EMS provider in Colorado
NREMT certification does NOT constitute Colorado certification
Colorado does not recognize EMS provider certification from other states***

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

General Information

Applications are processed in the order received. We ask that you allow 3-4 weeks for the processing of your application. You may submit your renewal application up to six months prior to your certification expiration date and still keep your original expiration date. You may check your certification status at any time through the online verification link on the home page of our website (www.coems.info.) Certificates are valid for three (3) years following the date of issuance. **You may not practice as an EMS provider in the state of Colorado once your certification has expired.**

Incomplete applications are held for a period of one year from the date received, after which they will be destroyed. Failure to submit a properly-coded fingerprint card to the Colorado Bureau of Investigation (CBI) constitutes an incomplete application.

Application packets may be mailed to:
CDPHE - EMT Certification
HFEMSD-A2
4300 Cherry Creek Drive South
Denver, CO 80246-1530

Application packets may be delivered to:
710 South Ash Street
Southeast entrance of building
*Located on the Cherry Creek Campus
(4300 Cherry Creek Drive South)*

Any person whose Colorado EMS provider certificate is more than six (6) months expired is not eligible to renew through the continuing education/skills competency option. Applications received more than six months after your certification expiration date will require current National Registry of Emergency Medical Technicians (NREMT) certification.

The following tips may expedite the processing of your application:

- The Colorado EMS provider certification application must be **complete, legible, signed and dated** before it can be processed
- Submit the original application with original signatures - **photocopies will not be accepted**
- **Include** copies of your **proof of identification** and have it notarized if you are mailing your application
- **Include** copies of your **CPR card**
- **Include** copies of your **ACLS card** if you are applying for EMT-I or paramedic level certification
- **Include** copies of your **BCCTPC card or certificate** if you are applying for a paramedic with critical care endorsement
- **NO payment is required** unless you are applying for a provisional certification after contacting certification staff
- Renewal applicants who are using the **continuing education/skill competency option** **do not need** to include transcripts or records with the application
- Renewal applicants should include the **expiration date** of their current certification in **box 3b on page 1**

General Requirements for Colorado EMS Provider Certification

ALL APPLICANTS MUST:

1. be 18 years of age;
2. submit evidence of lawful presence in the U.S. (page 3 and 4 of the application); and
3. submit a complete application that includes required supplemental documents.

First-Time (Initial) applicants MUST also:

1. provide proof of current NREMT certification; and
(Information NREMT can be found at www.nremt.org or by calling 614-888-4484)
2. submit to a fingerprint-based criminal history record check.

Renewing applicants MUST also:

1. provide proof of current NREMT certification OR verification that continuing education and skills competency requirements have been met; and
2. re-submit to a fingerprint-based criminal history record check if you have lived out of state any time during the past 3 years.

Applicants upgrading to a HIGHER level MUST also:

1. provide proof of current NREMT certification at the higher level; and
2. re-submit to a fingerprint-based criminal history record check if you have lived out of state any time during the past 3 years.

Applicants downgrading to a LOWER level MUST also:

1. include a signed and dated note, on a separate piece of paper, indicating your understanding that current NREMT certification will be required if you decide to be certified at a higher level in the future.

Applicants requesting Paramedic Critical Care Endorsement MUST also:

1. be certified as a paramedic by the state of Colorado; and
2. provide proof of current Board of Critical Care Transport Paramedic Certification (BCCTPC) certification.
3. note that 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.

Proof of Identification / Lawful Presence

Identification is used to establish lawful presence in the United States. Although you are required to sign a statement attesting to your lawful presence (page 3 of the application), we also require verification through an acceptable form of identification. Additional information regarding Lawful Presence can be found at: <http://www.colorado.gov/cs/Satellite/Revenue-Main/XRM/1216289012440>

A PHOTOCOPY OF YOUR IDENTIFICATION is required for ALL APPLICANTS

FOR MAIL-IN APPLICATIONS: Notarization of the photocopy is required - use page 4 of the application

FOR WALK-IN APPLICATIONS: Bring photocopy AND original identification document with you

<p>Acceptable forms of identification:</p>	<ul style="list-style-type: none"> • Un-expired Colorado Driver's License or Official Colorado Identification Card • Un-expired Driver's License from any state or territory NOT listed below • Certified Copy of a Birth Certificate from any state (with a valid photo id) • US Passport (except for "limited" passports issued for less than 5 years) • United States Military or Military Dependent Identification Card • United States Coast Guard Merchant Mariner Card • Native American Tribal Document 			
<p>The following Driver's Licenses are not acceptable as Proof of Lawful Presence:</p>	<table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • American Samoa • New Mexico • Utah </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • Guam • Northern Marianas • Virgin Islands </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • Illinois • Puerto Rico • Washington </td> </tr> </table>	<ul style="list-style-type: none"> • American Samoa • New Mexico • Utah 	<ul style="list-style-type: none"> • Guam • Northern Marianas • Virgin Islands 	<ul style="list-style-type: none"> • Illinois • Puerto Rico • Washington
<ul style="list-style-type: none"> • American Samoa • New Mexico • Utah 	<ul style="list-style-type: none"> • Guam • Northern Marianas • Virgin Islands 	<ul style="list-style-type: none"> • Illinois • Puerto Rico • Washington 		

Proof of CPR/ACLS Course Completion

All applicants must provide evidence of current and valid **professional level** Basic Cardiac Life Support (CPR) course completion from an **approved** national or local organization. EMT-I and Paramedic applicants must **ALSO** provide evidence of current and valid Advanced Cardiac Life Support (ACLS) course completion from an **approved** national or local organization. Online courses for CPR and ACLS are generally not accepted. The most up-to-date list of approved organizations can be found at: www.coems.info

DIRECTIONS:

1. **ATTACH a photocopy of the front** (and back if information is included) of your CPR card
2. **ATTACH a photocopy of the front** (and back if information is included) of your ACLS card, if required

Please note that in unusual situations a dated letter or course completion certification with the signature of your course director may be substituted for the front and back of the CPR or ACLS card(s). The letter must state your name, course name, course completion date, your CPR or ACLS expiration date, AND be signed by the instructor. **You MUST contact the department for authorization** to use this exception process at 303-692-2980 or email cdphe.emtcert@state.co.us

Basic Life Support (BLS) or Cardiopulmonary Resuscitation (CPR)	
Organization	Acceptable Courses
American Heart Association (AHA)	<ul style="list-style-type: none"> • Healthcare Provider • BLS Instructor • BLS Training Center Faculty
American Red Cross (ARC)	<ul style="list-style-type: none"> • CPR/AED for the Professional Rescuer • Lifeguard Challenge CPR and AED
American Safety & Health Institute (ASHI)	<ul style="list-style-type: none"> • BLS for Healthcare Providers and First Responders • CPR Pro for Healthcare Providers and First Responders • CPR Pro for the Professional Rescuer • BLS Instructor
American Academy of Orthopedic Surgeons (AAOS) and American College of Emergency Physicians (ACEP)	<ul style="list-style-type: none"> • Professional Rescuer CPR • Instructor
Department of Defense Fire & EMS Certification	<ul style="list-style-type: none"> • Healthcare Provider CPR
Emergency University	<ul style="list-style-type: none"> • BLS Healthcare Provider CPR (Skills Evaluation required)
EMS Safety Services	<ul style="list-style-type: none"> • CPR/AED for Professional Rescuers • Emergency Response Instructor for Professional Rescuer CPR/AED
National Safety Council	<ul style="list-style-type: none"> • BLS Healthcare and Professional Rescuer • Instructor - PR designation
Military Training Network (MTN)	<ul style="list-style-type: none"> • Healthcare Provider • Healthcare Provider-Instructor • BLS Instructor • BLS Training Site Faculty
Pro Trainings, LLC (effective 12/10/2011)	<ul style="list-style-type: none"> • ProCPR (Skills Evaluation required) • ProCPR Instructor • ProFirstAid Advanced (Skills Evaluation required) • ProFirstAid Advanced Instructor

Advanced Cardiac Life Support (ACLS)

Organization	Acceptable Courses
American Heart Association (AHA)	<ul style="list-style-type: none"> • ACLS Provider • ACLS Instructor • ACLS Experienced Provider • ACLS Regional Faculty
American College of Emergency Physicians (ACEP)	<ul style="list-style-type: none"> • eACLS Provider (renewal only) • eACLS Instructor (renewal only)
American Safety & Health Institute (ASHI)	<ul style="list-style-type: none"> • ASHI ACLS • ACLS Instructor
Military Training Network (MTN)	<ul style="list-style-type: none"> • ACLS Provider • ACLS Instructor • ACLS Training Site Faculty

Provisional Certification Option

The Provisional Certification option allows for a 90-day practice period while awaiting the results of your fingerprint-based criminal history record check. **YOU MAY NOT RENEW** your provisional certification; once your provisional certification is expired, you may not practice until an initial or renewal certificate has been issued by the department. **CONTACT** certification staff prior to requesting this option.

You DO NOT QUALIFY for Provisional Certification if:	<ul style="list-style-type: none"> • you have not yet submitted your fingerprints to the CBI; or • the results of your fingerprint-based criminal history record check have already been received by the Department; or • you are renewing your certification and have not lived out of state any time during the last 3 years.
If you qualify and are applying for Provisional Certification, you must provide the following in addition to the standard application and supplemental documents:	<ul style="list-style-type: none"> • a certified check, cashier's check or money order in the amount of \$23 made payable to the "State of Colorado" (NOTE: cash, credit cards and personal checks are not accepted); and • a name-based criminal history report (see below) from every state you have lived in during the past 3 years.
Name-based criminal history reports must:	<ul style="list-style-type: none"> • be submitted for every state you have lived in during the past 3 years; and • include one from the CBI if you have listed a Colorado address on your application (www.cbirecordscheck.com); and • include the date of the report, which may not be more than 90 days prior to the receipt of your completed application; and • show your full name including any aliases AND your date of birth or social security number AND full disclosure of any and all criminal activity including misdemeanors, felonies and sex offender registration.
Obtaining your name-based state-specific criminal history reports can be found at:	<ul style="list-style-type: none"> • https://www.colorado.gov/pacific/sites/default/files/EMTS_List-of-State-Name-Based-Criminal-History-Record-Check-used-for-Provisional-Certification.pdf

Criminal History Record Checks

A fingerprint-based criminal history record check is required for all first time applicants for EMS Provider certification in the State of Colorado. Renewing applicants are only required to be re-fingerprinted if they have lived out of state any time during the last 3 years.

Directions:	<ol style="list-style-type: none"> 1) Fingerprints must be taken by a law enforcement agency on an official blue-lined fingerprint card (For information on live scans, contact the CBI directly at 303-239-4208). 2) Circle “FBI” in box 24 of the fingerprint card if you have lived out of state any time during the past 3 years. 3) Mail or deliver your completed fingerprint card with payment to: <div style="text-align: center;"> Colorado Bureau of Investigation 690 Kipling Street, Suite 3000 Denver, CO 80215 </div> 	
Tips:	<ol style="list-style-type: none"> 1) Take these instructions with you when you get fingerprinted, as proper coding of the fingerprint card (specifically boxes 5 and 11, as shown on the following page) is vital for successful processing. 2) Early submission of fingerprint cards to CBI is strongly encouraged, as processing may take 1 to 2 weeks. 3) DO NOT send your fingerprint cards and payment to the Department, as this will delay the processing of your application due to additional mail time. 4) CBI accepts certified checks, cashier’s checks, money orders or preprinted business checks. Visa/MasterCard or cash are accepted for hand delivered requests only. 5) RESULTS of your fingerprinting will come directly to the Department - please wait at least two weeks before calling to see if we have received the results. 6) CBI processes fingerprint cards; they DO NOT take fingerprints. 7) Do not fold or staple cards and please type or print legibly 	
Fees:	CBI Only: \$17.50	CBI with FBI (if you’ve lived out of state any time during the past 3 years): \$39.50
Additional Information:	CBI website/phone number http://www.cbi.state.co.us/id/index.html or 303-239-4208	

FINGERPRINT CARD FIELD EXPLANATIONS

APPLICANT	LEAVE BLANK	TYPE OR PRINT ALL INFORMATION IN BLACK	FBI	LEAVE BLANK
		LAST NAME <u>NAM</u> FIRST NAME MIDDLE NAME		
		7	24	
SIGNATURE OF PERSON FINGERPRINTED		ALIASES <u>AKA</u>	ORI <u>9</u>	
1				
RESIDENCE OF PERSON FINGERPRINTED		8	DATE OF BIRTH <u>DOB</u> Month Day Year	
2				23
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS	CITIZENSHIP <u>CTZ</u>	SEX <u>16</u>	RACE <u>17</u>
3 A	3 B	10	HGT. <u>18</u>	WGT. <u>19</u>
EMPLOYER AND ADDRESS		YOUR NO. <u>OCA</u>	EYES <u>20</u>	HAIR <u>21</u>
4		11 <u>CONCJ3150</u>	PLACE OF BIRTH <u>POB</u>	
Colorado Dept of Public Health		FBI NO. <u>FBI</u>	LEAVE BLANK	
4300 Cherry Creek Drive South		12	CLASS _____ REF. _____	
Denver, CO 80246		13		
REASON FINGERPRINTED		14		
5		15		
CRS 25-3.5-203 EMT Certification				
6				

SAMPLE

1	SIGNATURE	Signature of person being fingerprinted
2	RESIDENCE	Complete mailing address of person fingerprinted: city, state and zip code
3A	DATE	Date fingerprints taken
3B	SIGNATURE OF LEO	Signature of Law Enforcement Official taking fingerprints
4	EMPLOYER	Colorado Dept of Public Health 4300 Cherry Creek Drive South Denver, CO 80246
5	REASON FINGERPRINTED	Print: CRS 25-3.5-203 EMT Certification
6	FINGERPRINTS	All applicant prints must be taken by a law enforcement agency
7	NAME	Last, First, Middle Name
8	AKA	Maiden name, other married name or any other name used
9	ORI	To be filled in by Law Enforcement Official
10	CITIZENSHIP	U.S. OR Alien Registration number (if applicable)
11	OCA	Print CBI account number: CONCJ3150
12	FBI	Leave this field blank
13	ARMED FORCES	Leave this field blank
14	SOC	Social Security Number
15	MISCELLANEOUS	Leave this field blank
16	SEX CODES	M (Male) or F (female)
17	RACE CODES	W (White or Hispanic), B (Black), A (Asian), I (Indian)
18	HEIGHT	Feet and Inches (5'6"=506, 6'=600)
19	WEIGHT	090, 100, 250, etc. (pounds)
20	EYE CODES	BLK-Black, BLU-Blue, BRO-Brown, GRN-Green, GRY-Gray, HAZ-Hazel
21	HAIR CODES	BAL-Bald, BLK-Black, BLN-Blonde, BRO-Brown, GRY-Gray, RED-Red/Auburn, WHI-White
22	POB	Place of Birth (State 2-letter code only) or Country
23	DOB	Date of Birth (MM DD YYYY format)
24	FBI	Circle "FBI" if requesting an additional FBI check (\$39.50 payment required)