



STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

EMS Certification Application

Email: dph.emslicensingandrenewal@ct.gov

860-509-7975 (O) 860-920-3142 (F)

Website: www.ct.gov/dph/ems

Tape or insert a recent photo of applicant here. DO NOT STAPLE

Type of application: [] EMR [] EMT [] AEMT

Please check one: [] Initial (new course only) [] Endorsement [] Recertification [] Reinstatement: Certification #: [] Temporary EMT permit

Return completed application to:

CT DPH, EMS Application Processing, 410 Capitol Ave., MS# 12EMS, PO Box 340308, Hartford, CT 06134-0308

Form with fields for personal information, contact details, race, work experience, and professional history. Includes sections for 'Work experience - List work experience as a EMS Provider' and 'If you answered yes to any of the above questions regarding your professional history...'.