



STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

EMS Renewal 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 Renewal [] EMT Renewal [] AEMT Renewal

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, work experience, and professional history. Includes sections for race, ethnicity, and a final attestation statement.