



Internal Use Only
Date Rec'd _____
NREMT Verified _____
State Lic. Verified _____

**APPLICATION FOR A TEMPORARY RESTRICTED EMS PROVIDER LICENSE**

Reference: Oregon Administrative Rule 333-265-0056

Level of Licensure (circle one):      EMR                  EMT                  AEMT                  Paramedic

Name of Fire Incident (If Applicable): \_\_\_\_\_

Name of the Medical Unit Leader (If Applicable): \_\_\_\_\_

\_\_\_\_\_  
Email Address of Medical Unit Leader

\_\_\_\_\_  
Phone Number of Medical Unit Leader

\_\_\_\_\_  
Name of Contracting Agency

\_\_\_\_\_  
Name of Supervisor/Chief

\_\_\_\_\_  
Email Address of Agency Representative

\_\_\_\_\_  
Phone Number of Agency Representative

**Applicant Information**

\_\_\_\_\_  
Last Name                                  First Name                                  M.I.

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City/State                                  Zip Code

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Driver's License Number or Gov't ID                                  State

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
National Registry Certification #                                  EMS Provider Level

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
State EMS License Number                                  Issuing State

\_\_\_\_\_  
Expiration Date

## APPLICATION FOR A TEMPORARY EMS PROVIDER LICENSE, CONTINUED

### Personal History Questions

IMPORTANT: Check "YES" or "NO" to the each of the questions below. If you answer "YES" to any of the following questions, you MUST attach a complete explanation and supporting documents to this application in a sealed envelope marked "CONFIDENTIAL." If you fail to attach appropriate explanatory material or additional information is required, you will receive a request for additional information. Failure to provide full and complete explanatory material WILL result in a delay of licensure. Answering "YES" will NOT necessarily result in denial of your application for licensure.

	Question	YES	NO
1.	Do you have or have you had within the past 10 years, any physical or mental condition that impairs, could impair or has impaired your ability to perform the duties of an EMS provider? If you answer yes, explain whether your condition is controlled by medication or other treatment and how your condition treated or untreated, affects your ability to perform the duties of an EMS provider.		
2.	Do you or have you used in the last 10 years, any drug or chemical substance for other than legitimate medical purposes that impairs or has impaired your ability to perform the duties of an EMS provider?		
3.	Have you been counseled about, been diagnosed with, or treated for, a dependency on alcohol or drugs within the last 10 years?		
4.	Have you ever been arrested, charged with, or convicted of any misdemeanor or felony? Minor traffic violations need not be reported.		
5.	Has an employer or supervising physician taken disciplinary action against you related to your duties as an EMS provider? Discipline includes suspension, letter of reprimand, resignation in lieu of termination, a limitation or restriction of scope of practice or dismissal for cause.		
6.	Have you been named in a lawsuit alleging medical malpractice or misconduct related to the provision of medical care?		
7.	Have you ever been disciplined, denied or revoked by the National Registry of EMTs or any health care certifying or licensing agency?		
8.	Have you ever surrendered or resigned a health care license or certificate?		

### **APPLICANT ACKNOWLEDGEMENT AND SIGNATURE**

*I have read and understand the provisions of ORS Chapter 682 and Oregon Administrative Rules Chapter 333 governing licensure of emergency medical service providers. I understand that the making of false statements in connection with this application is a violation of ORS 162.085 and may constitute grounds for denial, suspension or revocation of an EMS provider license. I understand that a criminal history check may be completed on me per ORS Chapter 181.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Internal Use Only
Background Check Required? _____
Date Completed _____
License Number _____