



**ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF PUBLIC HEALTH SERVICES
BUREAU OF EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM
Application**



Emergency Medical Care Technician Certification

Please complete all information on this form and attach all documents listed as pertaining to your application. Failure to provide all required information will result in delay in processing your application. A.A.C. R9-25-1201(B)(1). Do not use this application for downgrading from Paramedic or Intermediate to Basic.

<input type="checkbox"/> Initial Application	<input type="checkbox"/> Recertification Application
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I. LEVEL OF EMERGENCY MEDICAL CARE TECHNICIAN CERTIFICATION REQUESTED

<input type="checkbox"/> EMT	<input type="checkbox"/> Advanced EMT	<input type="checkbox"/> Paramedic	<input type="checkbox"/> EMT-Intermediate '99 (AZ Recertification Only)
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II. APPLICANT INFORMATION

First Name		Middle Name		Last Name	
Street Address or P.O. Box			City		State
					Zip Code
Home Telephone Number			Alternate Telephone Number		Social Security Number ¹
					Date Of Birth

III. APPLICANT CRIMINAL HISTORY INFORMATION*

YES	NO	Are you currently:
<input type="checkbox"/>	<input type="checkbox"/>	Incarcerated for a criminal conviction?
<input type="checkbox"/>	<input type="checkbox"/>	On parole for a criminal conviction?
<input type="checkbox"/>	<input type="checkbox"/>	On supervised release for a criminal conviction?
<input type="checkbox"/>	<input type="checkbox"/>	On probation for a criminal conviction?
YES	NO	Within 10 years before the date of filing this application, have you been convicted of any of the following crimes, or any similarly defined crime, in Arizona or in any other state or jurisdiction?
<input type="checkbox"/>	<input type="checkbox"/>	1st or 2nd degree murder
<input type="checkbox"/>	<input type="checkbox"/>	Attempted 1st or 2nd degree murder
<input type="checkbox"/>	<input type="checkbox"/>	Sexual assault
<input type="checkbox"/>	<input type="checkbox"/>	Attempted sexual assault
<input type="checkbox"/>	<input type="checkbox"/>	Sexual abuse of a minor
<input type="checkbox"/>	<input type="checkbox"/>	Attempted sexual abuse of a minor
<input type="checkbox"/>	<input type="checkbox"/>	Sexual exploitation of a minor
<input type="checkbox"/>	<input type="checkbox"/>	Attempted sexual exploitation of a minor
<input type="checkbox"/>	<input type="checkbox"/>	Commercial sexual exploitation of a minor
<input type="checkbox"/>	<input type="checkbox"/>	Attempted commercial sexual exploitation of a minor
<input type="checkbox"/>	<input type="checkbox"/>	Molestation of a child
<input type="checkbox"/>	<input type="checkbox"/>	Attempted molestation of a child
<input type="checkbox"/>	<input type="checkbox"/>	Any of the following committed against a minor under 15 years of age (a dangerous crime against children as defined in A.R.S. § 13-705:
<input type="checkbox"/>	<input type="checkbox"/>	• 2nd degree murder
<input type="checkbox"/>	<input type="checkbox"/>	• Aggravated assault resulting in serious physical injury or involving the discharge, use, or threatening exhibition of a deadly weapon or dangerous instrument
<input type="checkbox"/>	<input type="checkbox"/>	• Sexual assault
<input type="checkbox"/>	<input type="checkbox"/>	• Molestation of a child

BEMS DATE STAMP	PROCESSING CSR STAFF MEMBER								CERT NBR	
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> APPLICATION DEFICIENT	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> FORWARD TO ENFORCEMENT	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> PROCESS ROUTINELY	

Application for EMCT Certification, Page 2

Applicant Name: _____

<input type="checkbox"/>	<input type="checkbox"/>	• Sexual conduct with a minor
<input type="checkbox"/>	<input type="checkbox"/>	• Commercial sexual exploitation of a minor
<input type="checkbox"/>	<input type="checkbox"/>	• Sexual exploitation of a minor
<input type="checkbox"/>	<input type="checkbox"/>	• Child abuse as prescribed in A.R.S. § 13-3623(A)(1)
<input type="checkbox"/>	<input type="checkbox"/>	• Kidnapping
<input type="checkbox"/>	<input type="checkbox"/>	• Sexual abuse
<input type="checkbox"/>	<input type="checkbox"/>	• Taking a child for the purpose of prostitution as prescribed in A.R.S. § 13-3206
<input type="checkbox"/>	<input type="checkbox"/>	• Child prostitution as prescribed in A.R.S. § 13-3212
<input type="checkbox"/>	<input type="checkbox"/>	• Involving or using minors in drug offenses
<input type="checkbox"/>	<input type="checkbox"/>	• Continuous sexual abuse of a child
<input type="checkbox"/>	<input type="checkbox"/>	• Attempted 1st degree murder
<input type="checkbox"/>	<input type="checkbox"/>	• Sex trafficking
<input type="checkbox"/>	<input type="checkbox"/>	• Manufacturing methamphetamine under circumstances that cause physical injury to a minor
<input type="checkbox"/>	<input type="checkbox"/>	• Bestiality as prescribed in A.R.S. § 13-1411(A)(2)
YES	NO	Within 5 years before the date of filing this application, have you been convicted of a misdemeanor involving moral turpitude or a felony in Arizona or in any other state or jurisdiction, other than a misdemeanor or felony listed above?
<input type="checkbox"/>	<input type="checkbox"/>	
YES	NO	Within 2 years before the date of filing this application, have you been convicted, in Arizona or in any other state or jurisdiction, of a misdemeanor involving:
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	• Possession, use, administration, acquisition, sale, manufacture, or transportation of an intoxicating liquor, dangerous drug, ² or narcotic drug ³ ?
<input type="checkbox"/>	<input type="checkbox"/>	• Driving or being in physical control of a vehicle while under the influence of an intoxicating liquor, dangerous drug, or narcotic drug?
*Check NO above for any conviction that has been absolutely discharged, expunged, or vacated.		

IV. APPLICANT REGULATORY HISTORY INFORMATION

YES	NO	Within 5 years before the date of filing this application, have you had EMCT certification or recertification revoked in Arizona or EMCT certification, recertification, or licensure revoked in any other state or jurisdiction?
<input type="checkbox"/>	<input type="checkbox"/>	

V. CITIZENSHIP OR NATIONAL STATUS DECLARATION

YES	NO	Are you a citizen or national of the United States? ⁴ (check one)
<input type="checkbox"/>	<input type="checkbox"/>	

Provide the following information of where you were born

City	State (or equivalent)	Country or Territory

VI. ATTESTATION AND SIGNATURE

I the undersigned hereby declare, under penalty of perjury as defined in ARS § 13-2702(A)(2), a class 4 felony, that the answers I have given in this application addendum are true and correct.

SIGNATURE	(Print Name and Sign)	DATE
X		

Submit ALL applications & forms to the Phoenix certification office: 150 N. 18th Ave. Suite 540 Phoenix, AZ 85007

Form Adopted 11-2013

¹ An applicant must provide the applicant's social security number, as required under A.R.S. §§ 25-320(P) and 25-502(K). ADHS does not include a social security number on an EMCT certificate. ADHS uses social security numbers for purposes of identifying applicants and will not release a social security number except as permitted under federal or state law.

² "Dangerous drug" is defined in A.R.S. § 13-3401.

³ "Narcotic drug" has the same meaning as "narcotic drugs," as defined in A.R.S. § 13-3401.

⁴ "Federal and State statutory requirements; 8 U.S.C. § 1611, 1621 and A.R.S. §1-501 requires, in general, that a person applying for a license must submit documentation to the licensing agency that satisfactorily demonstrates that the applicant is lawfully present in the United States.