



ALABAMA DEPARTMENT OF PUBLIC HEALTH OFFICE OF EMS

208 Legends Court Prattville, AL 36066

Mail to: Office of EMS, P.O. Box 303017, Montgomery, AL 36130-3017



Endorsement Application

* Please include with first page of the individual application *

Identification

Name: _____ SSN: _____

Email: _____ Phone Number: _____

Paramedic License #: _____ Expiration Date: _____

County: _____

Certification

(Attach copy of appropriate certification)

- International Board of Specialty Certification - Critical Care Paramedic Certified
- International Board of Specialty Certification - Flight Paramedic Certified
- International Board of Specialty Certification - Tactical Paramedic Certified
- Certified Flight Registered Nurse (CFRN) - AL RN License #: _____ Exp Date: _____
- Certified Transport Registered Nurse (CTRN) - AL RN License #: _____ Exp Date: _____

By signing I affirm that all information in this form is correct and complete to the best of my knowledge. I understand that falsification of any information may be grounds for denial or revocation of my license or endorsement.

Contact Us

Phone: (334)290-3088
Fax: (334)206-0364

Signature of Applicant: _____ Date: ____ / ____ / ____

The Office of EMS has the right to request and review any training records. Any falsification of this document or training documents is subject to disciplinary action up to, and including, license and/or endorsement revocation.

*****OFFICE USE ONLY*****

Verifications

- Licensed Paramedic for 3 years or more
- International Board of Specialty Certifications Unencumbered
- Alabama RN License and CFRN or CTRN

Received Date