



# ALABAMA DEPARTMENT OF PUBLIC HEALTH OFFICE OF EMS

208 Legends Court, Prattville, AL 36066



## Endorsement Application

\* Please include with first page of the individual application \*

\* All pages of this form must be typed to be approved \*

### 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.***

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Contact Us

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

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

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