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

EMS Individual Licensure Application

* All pages of this form must be typed to be approved *
* Do not mail cash *

Application Type

- ☐ Paramedic
- ☐ Advanced EMT
- ☐ Intermediate
- ☐ EMT
- ☐ EMR

Paramedic Endorsement

- ☐ Interfacility Transfer
- ☐ Critical Care Endorsement (Attach Application)
- ☐ Tactical Endorsement (Attach Application)

Application Classification

☐ Initial License	$12
☐ Renewal - Active	$12
☐ Renewal - Expired	$62
☐ Reclassification	$0
☐ Reinstatement	$0
☐ Reprint/Name Change	$12
☐ Citizenship Update	$0

Citizenship Form
One time only

- ☐ Citizenship Form Included

Citizenship Form & Proof
Must be a legible copy

- ☐ State DL/ID (From approved states only)
- ☐ U.S. Birth Certificate
- ☐ Valid Green Card
- ☐ Other (Approved Items Only)

Identification

Social Security Number: ____ - ____ - ____

Date of Birth: ____ / ____ / ____

Alabama EMS License # _____
If Initial License, Leave Blank

Personal Information

Last Name: _____

First Name: _____ MI: ____

Home Address: _____
Street

_____ _____ _____ _____
City County State Zip

Mailing Address: _____
(If Different) Street

_____ _____ _____ _____
City County State Zip

E-mail Address: _____ @ _____

Race

Native American ☐ Black ☐
Asian ☐ White ☐
Hispanic ☐ Other ☐

Gender

Male ☐
Female ☐

Phone Numbers

Home Phone(____) ____ - ____
Work Phone (____) ____ - ____
Cell Phone (____) ____ - ____

EMS Office Use: Fee Information

- ☐ Check (Payable to ADPH) Check M/O# _____
- ☐ Cash (Exact Amount)
- ☐ Money Order
- ☐ Bulk Payment Amount allocated _____ of _____
- ☐ EFT Payer Name: _____

Received By: _____

Received Date: _____

Deposit # _____

Licensure Disclosure

If you answer "YES" to any of the following questions, you must provide official documentation that fully describes the offense (or condition), the current status and disposition of the case, and a detailed personal statement.

YES	NO	
☐	☐	Have you been diagnosed with, or do you have a medical, physical, mental, emotional, or psychiatric condition that may affect your ability to safely practice as an EMS professional?
☐	☐	Have you ever been convicted of any criminal act? (Do not include minor traffic violations)
☐	☐	Have you ever had any type of professional license revoked, suspended, or surrendered?
☐	☐	Are you now, or ever been, addicted to the use of intoxicating liquors or controlled substances?

Received Date
(Office Use Only)

NOTE: Applications received after 4:30 PM will be processed the next business day.

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.

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

Contact Us

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

Revised 09/15/2022

This form is to only be filled out by first time applicants

STATE OF: _____ RELEASE FORM

COUNTY OF: _____ ABI -46 (3/94)

My name is _____. I reside at _____ .

City of _____, state of _____ . I am possessed of sound mind and legally competent to execute this release. I hereby authorize the Alabama Department of Public Safety to release any and all criminal history information they have on me to Alabama Department of Public Health Office of EMS, 208 Legends Court, Prattville, Alabama 36066.

I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Alabama Department of Public Safety and its officers and agents from any and all claims, actions, or causes of action which may arise as a consequence of the release of the criminal history information.

I certify that I have read this release and that I understand the significance of the same and in witness thereof I have voluntarily signed my name on this the _____day of _____, 20_____

Signature _____
SSN _____
Date of Birth _____ Race _____Sex_____

_____
Witness - Signature

_____
Address

_____
City State Zip

_____
Witness - Signature

_____
Address

_____
City State Zip

Filled out by Notary Public

Sworn to and subscribed before me on
this _____ day of _____, 20_____

_____
Notary Public
My Commission Expires _____

PLEASE NOTE: THIS DOCUMENT MUST BE WITNESSED BY TWO (2) WITNESSES, OR NOTARIZED BY A NOTARY PUBLIC.

Office Use Only

Office of EMS Director _____
Signature of Person Requesting Record

ALABAMA DEPARTMENT OF PUBLIC HEALTH DECLARATION OF U.S. CITIZENSHIP AND LAWFUL PRESENCE OF AN ALIEN

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non- exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), non immigrants, and certain aliens paroled into the United States are eligible to receive covered state or local public benefits.

With certain exceptions, Alabama Act 2011-535 prohibits aliens unlawfully present in the U.S. from receiving state or local benefits. Every U.S. Citizen applying for a state or local public benefit must sign a declaration of Citizenship, and the lawful presence of an alien in the U.S. must be verified by the Federal Government.

Act 2011-535 also requires every individual applying for a permit or license to demonstrate his/her U.S. citizenship or if the applicant is an alien, he/she must demonstrate his/her lawful presence in the United States.

Directions: This form must be completed and submitted by applicants for health care benefits/services that are not exempt or excluded from citizenship/lawful presence verification requirements. Medicaid/Medicare clients are not required to complete this form as eligibility to receive services has already been determined by Medicaid/Medicare. This form must also be completed by individuals applying for licenses or permits. An individual includes a sole proprietorship, but does not include other business entities such as corporations.

SECTION I --- APPLICANT INFORMATION

NAME: _____
(Print or Type) (Last) (First) (M.I.)

DATE OF BIRTH: _____

APPLYING FOR (Check one): ☐ License/Permit ☐ Health Service

SECTION II --- U.S. CITIZENSHIP OR NATIONAL STATUS

Are you a citizen or national of the United States (check one) ☐Yes ☐No

If you checked **YES** and are applying for a **health service:** Complete Section IV (No additional documentation required). If you checked **YES** and are applying for a **license/permit:** (1) Provide an original or legible copy of a document from attached List A or other document demonstrating U.S. citizenship or noncitizen national status, and (2) Complete Section IV.

Name of document provided: _____
If you checked **NO**: Complete Sections III and IV.

SECTION III - ALIEN STATUS

Are you an alien lawfully present in the United States? (Check one) ☐Yes ☐No

If you checked YES: (1) Provide an original or legible copy of the front and back (if any) of a document from attached List B or other document that demonstrates lawful presence in the United States, and (2) Complete Section IV. Information from the documentation provided will be used to verify lawful presence through the United States Government.

Name of document provided: _____
If you checked NO: Complete Section IV.

SECTION IV -- DECLARATION

I declare under penalty of perjury under the laws of the State of Alabama that the answers and evidence I provided are true and correct to the best of my knowledge.

_____ _____
APPLICANT OR LEGAL REPRESENTATIVE SIGNATURE DATE

_____ _____
IF SIGNED BY LEGAL REPRESENTATIVE, RELATIONSHIP TO PATIENT Health Dept. Employee