



# ALABAMA DEPARTMENT OF PUBLIC HEALTH OFFICE OF EMS

RSA Tower, 201 Monroe Street, Suite 1100  
Mail to: Office of EMS, P.O. Box 303017, Montgomery, AL 36130-3017



## Critical Care Endorsement Application

Please Complete Both Pages

### Identification

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Paramedic License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### Certification

(Attach copy of appropriate certification)

- International Board of Specialty Certification - Critical Care Paramedic Certified
- International Board of Specialty Certification - Flight 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)206-5383
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.

Verifications (Office Use Only)
<input type="checkbox"/> Licensed Paramedic for 3 years or more
<input type="checkbox"/> International Board of Specialty Certifications
<input type="checkbox"/> 6 intubations within the last 2 years (Initial endorsement only) <small>(Minimum 4 live; 2 high fidelity mannequin)</small>
<input type="checkbox"/> Unencumbered Alabama RN License <small>(Required for CTRN or CFRN)</small>

Received Date (Office Use Only)



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<b>Live Intubations</b>			
<b>(Must include at least 4 live; 2 may utilize a High Fidelity Mannequin)</b>			
1. Date: _____	Incident #: _____	Service ID: _____	Service Name: _____
2. Date: _____	Incident #: _____	Service ID: _____	Service Name: _____
3. Date: _____	Incident #: _____	Service ID: _____	Service Name: _____
4. Date: _____	Incident #: _____	Service ID: _____	Service Name: _____
5. Date: _____	Incident #: _____	Service ID: _____	Service Name: _____
6. Date: _____	Incident #: _____	Service ID: _____	Service Name: _____

<b>High Fidelity Mannequins</b>	
<b>(Maximum of 2 may utilize a High Fidelity Mannequin)</b>	
Date: _____	Location: _____
Preceptor : _____	Preceptor Signature: _____
Date: _____	Location: _____
Preceptor : _____	Preceptor Signature: _____