



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 Certification (TP-C or TR-C)
- 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
<input type="checkbox"/> Licensed Paramedic for 3 years or more (EMT/AEMT for TR-C)
<input type="checkbox"/> International Board of Specialty Certifications Unencumbered
<input type="checkbox"/> Alabama RN License and CFRN or CTRN

Received Date