



**VERMONT DEPARTMENT OF HEALTH  
EMERGENCY MEDICAL SERVICES OFFICE  
Post Office Box 70, 108 Cherry Street  
Burlington, Vermont 05402-0070  
1-800-244-0911 (in VT) or 1-802-863-7310**



**ADVANCED-EMT LICENSE APPLICATION**

**THIS IS NOT AN EXAM APPLICATION**

**Please contact the EMS office for information on registering for an AEMT exam**

This form is to be used by all persons applying for an Advanced-EMT initial license after obtaining a National Registry AEMT certification. To be eligible for Vermont A-EMT licensure, you must have an affiliation with an EMS agency licensed at or above the Advanced level or be affiliated with a medical facility that requires you to hold this level of EMS licensure. PLEASE NOTE: A current email address is required for access to free online continuing education.

**Please keep a copy of this application for your service's credentialing records.**

**APPLICANT INFORMATION**

_____	_____	X X X – X X – _____
VT EMS # (if applicable)	VT EMS Exp. Date (if applicable)	Last 4 digits of Social Security Number
_____	_____	_____
Last Name	First Name	Middle Name
_____	_____	_____
Address	Town/City	State      ZIP
(____) _____ - _____	(____) _____ - _____	_____
Home Phone	Work Phone	Sex      Date of Birth
(____) _____ - _____	_____	
Cell Phone	Email Address(es) – Required for FREE online education access	
_____	_____	
Primary Service Affiliation	Additional Service Affiliation	
National Registry of EMTs Advanced EMT # _____ Expiration Date: _____		

**Please include a photocopy of your NR-AEMT card with this application.**

**\*DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY\***

NREMT verified:	YES NO	by: _____	Date _____
Signatures verified:	YES NO	by: _____	Date _____
VCIC verified:	YES NO	by: _____	Date _____
Letter/Card sent	YES NO	by: _____	Date _____
QC Performed	YES NO	by: _____	Date _____
LearnEMS Account	YES N/A	by: _____	Date _____

