



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



CRITICAL CARE PARAMEDIC ENDORSEMENT APPLICATION

This form is to be used by all VT licensed Paramedics applying to obtain a Critical Care Paramedic endorsement on their Vermont Paramedic license. To be eligible for this endorsement, you must hold an approved CCP certification and be affiliated with an EMS agency approved by the District Medical Advisor and the Vermont Department of Health to function at the Critical Care Paramedic level.

PLEASE ATTACH A COPY OF YOUR BCCTPC, CCEMTP, FP-C OR CCP-C CERTIFICATION

APPLICANT INFORMATION

_____	_____	X X X – X X – _____
VT Paramedic #	VT Paramedic Exp. Date	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)	
_____	_____	
CCP Agency Affiliation	Additional Agency Affiliation	

HEAD OF SERVICE: I attest that the agency listed below has been approved for Critical Care Paramedicine and supports the applicant's endorsement to function as a Critical Care Paramedic with this agency.

_____	_____	_____
Name of Vermont Licensed Service	Head of Service (Please print)	Service #
_____	_____	_____
Head of Service Signature	Date	

The only person authorized to sign as Head of Service is the person listed on the agency's license application.

DISTRICT MEDICAL ADVISOR: I attest that this applicant meets local medical direction requirements for Critical Care Paramedicine and should be granted a CCP endorsement with the above-named Paramedic agency.

_____	_____	_____
District Medical Advisor	District Number	Date

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Signatures verified by _____	Date : _____	Application approved _____	Date: _____
Letter/Card sent by _____	Date: _____	QC performed by _____	Date: _____