

Emergency Medical Care Provider Affirmative Renewal Application

Iowa Department of Public Health
Bureau of Emergency Medical Services
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319

Name:	Certification #:
Address:	
City, State, Zip:	CERT. PERIOD:

Please complete this Affirmative Renewal form and return to the Bureau of EMS **PRIOR** to your Iowa EMS certification's expiration date.

1. How many TOTAL continuing education hours (CEHs) did you complete during your certification period?	
2. How many FORMAL (FE) CEHs did you complete during your certification period?	

	YES	NO
3. Do you have a current course completion card in cardiopulmonary resuscitation, AED, and obstructed airway procedures for all age groups according to recognized national standards?	<input type="checkbox"/>	<input type="checkbox"/>
4. If an EMS Instructor, did you attend a department-sponsored workshop? N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. If you hold a Critical Care Paramedic endorsement, were at least 8 CEHs from approved core curriculum topics? N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. If an FR, EMT-B or PS, have you completed all transition requirements (available at http://www.idph.state.ia.us/ems / Transition.aspx)? N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During your certification period have you:

	YES	NO
1. Developed any medical condition(s), which in any way impairs or limits your ability to provide emergency medical care?	<input type="checkbox"/>	<input type="checkbox"/>
2. Been engaged in the illegal or improper use of drugs or other chemical substance?	<input type="checkbox"/>	<input type="checkbox"/>
3. Been convicted of, found guilty, or entered a plea of no contest to a felony or misdemeanor crime (other than minor traffic violations with fines under \$100.00) You must answer "yes" even if the matter has been deferred or expunged from the record.	<input type="checkbox"/>	<input type="checkbox"/>
4. Had any state or other jurisdiction of the United States or any other nation limit, restrict, warn, censure, place on probation, suspend, revoke, or otherwise discipline a license issued to you?	<input type="checkbox"/>	<input type="checkbox"/>
5. Been sued in connection with your emergency medical functions in this state or another state?	<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify that the information provided on this application form is true and correct to the best of my knowledge. I understand that providing false or misleading information may result in the denial, probation, suspension, or revocation of my certification(s). I also understand that I am required to update answers or information submitted herewith if the response or the information changes. In submitting this application, I consent to any reasonable inquiry that may be necessary to verify or clarify the information I have provided on or in conjunction with this application.

Applicant's Signature

Date

Renewal Fees: FR/EMR/EMT-B/EMT No Fee EMT-I/AEMT \$10.00 EMT-PS/PARAMEDIC \$25.00 Late Fee - \$30.00

If renewing late you must submit audit information, certification fee and late fee.
An audit report form is available from the Bureau's website. www.idph.state.ia.us/ems/certification.asp

DO NOT SEND CASH. Make checks payable to IDPH, Bureau of EMS
Mail this completed form and fee to the address above