

EMS Reciprocity Application

Iowa Department of Public Health
Bureau of Emergency and Trauma Services
Lucas State Office Building
321 E 12th St
Des Moines, Iowa 50319
(515) 281-0620 or (800) 728-3367

Application Information

Thank you for your inquiry regarding certification as an Iowa EMS provider. Enclosed is an *EMS Reciprocity Application* form for you to complete and return to our office.

You must be a current member of the National Registry of Emergency Medical Technicians (NREMT) to apply for reciprocity in Iowa. Upon verification of your status you may be granted an appropriate Iowa certification. Additional training to meet Iowa certification requirements may be necessary for providers Nationally Registered at the First Responder, EMT-Basic or EMT-Paramedic level.

If you are applying at the EMT-Basic level and are currently a member of the U.S. Army, hold the military occupational skill of Combat Medic or Special Forces Medic; please provide documentation of your military training when submitting the reciprocity application. *Providers registered at the EMT level do not need to submit this documentation.*

If any additional training is required for certification, an *EMS Endorsement Preliminary Approval* form will be sent to you. This form may allow you to function as an Iowa EMS provider for employment purposes or for entrance into an Iowa EMS Training Program.

A reciprocity application fee of \$50.00 payable to the *Iowa Department of Public Health* must be included with the completed application form.

If you should have any questions or concerns regarding reciprocity, please feel free to contact our office at 515-281-0620.

EMS Reciprocity Application

Iowa Department of Public Health
Bureau of Emergency and Trauma Services
Lucas State Office Building
321 E 12th St
Des Moines, Iowa 50319
(515) 281-0620 or (800) 728-3367

Section A: Applicant Information

Social Security Number

			-			-					
--	--	--	---	--	--	---	--	--	--	--	--

Privacy Act Notice: Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13) and Iowa Code § 252J.8(1). The number will be used in connection with the collection of child support obligations and as an internal means to accurately identify licensees, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18.

Last Name

First Name

MI

Home Mailing Address

City

State

--	--

Zip Code

--	--	--	--	--	--

Sex

Male

Female

Date of Birth

--	--

/

--	--

/

--	--

Age

--	--

Phone Number

			-				-				
--	--	--	---	--	--	--	---	--	--	--	--

Email Address

Please check this box if you are a veteran of the US Armed Forces.

Section B: EMS Related Certification Information

- 1) Current National Registry
 - A) Level: FR/EMR EMT-B/EMT EMT-I AEMT EMT-P/Paramedic
 - B) NREMT Number: _____ Expiration Date: _____

- 2) Current State Certification/License Please attach copies:
 - A) Issuing State: _____
 - B) Level: _____
 - C) Number: _____
 - D) Expiration Date: _____

Section C: Health Care Provider Level CPR (BCLS) Information

ATTACH COPY OF CARD – FRONT AND BACK

Section D: Certification Related Questions

For each “Yes” answer to the following questions you must provide a separate statement giving full details, including dates, locations, actions, organizations or parties involved and specified reasons. At the discretion of the Bureau, more supporting information may be requested.

Yes

No

- | | | |
|---|--------------------------|--------------------------|
| 1. Do you have a medical condition which in any way impairs or limits your ability to provide emergency medical care? “Medical condition” means any physiological, mental, or psychological condition, impairment, or disorder, including drug addiction and alcoholism.
<i>If yes, provide a description of your condition and submit a letter from a physician stating that your condition will not affect your ability to perform these function.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you within the past 5 years engaged in the illegal or improper use of drugs or other chemical substances?
<i>If yes, provide a letter from your physician or treatment program that identifies your current or past treatment status. The letter should also include a statement that your condition will not affect your ability to perform emergency medical care functions.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been convicted of, found guilty of, 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 was deferred or expunged from the record.
<i>If yes, include the date, location, charge, court disposition and current status (i.e. probation) for each charge. If the charge was a crime against a person (i.e. assault, domestic abuse) include copies of the charging orders and court disposition records.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has any state or other jurisdiction of the United States or any other nation ever limited, restricted, warned, censured, placed on probation, suspended, revoked, or otherwise disciplined a license issued to you?
<i>If yes, include date, location, reason, current status, etc.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever been sued in connection with your emergency medical functions in this or any other state?
<i>If yes, include date, location, reason, current status etc.</i> | <input type="checkbox"/> | <input type="checkbox"/> |

Section F: Affirmation Statement

I hereby affirm that the information provided on this application is true and correct to the best of my knowledge. I understand that providing false and/or misleading information may result in citation and warning, denial, probation, suspension or revocation of my certification. I understand that I am required to updates answers or information submitted to the Bureau of EMS of the response of the information changes. I consent to any reasonable inquiry that may be necessary to verify or clarify the information I have provided.

Applicant’s Signature

Date

An incomplete application will delay the reciprocity process