



Iowa Department of Public Health  
Bureau of Emergency and Trauma Services

**Change of Iowa EMS Certification Level Application**

Instructions:

Please complete this application in its entirety to change your current active Iowa EMS certification to a lower level in accordance with IAC 641-131.6(1)f. Submit the completed application to:

Iowa Department of Public Health  
Bureau of Emergency and Trauma Services  
321 East 12<sup>th</sup> Street  
Des Moines, Iowa 50319

Failure to provide a completed application may delay your request. Once the application for a lower level of certification has been received it will be processed and if approved a new certification at the requested level will be issued with the same expiration date as your current certification.

**Applicant Information**

Last Name:	First Name:	MI:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Mailing Address:

City:	State:	Zip Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Area Code and Phone Number:

Email Address:

Current Active Iowa EMS Certification:

Lower level of Iowa EMS certification requested:  
 EMR     EMT     AEMT



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**Certification Questions:**

Please respond to each question listed below by marking either “Yes” or “No”:

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.
- 2. Have you within the past 5 years engaged in the illegal or improper use of drugs or other chemical substances?
- 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 \$250.00) You must answer, “yes” even if the matter has been expunged from the record.
- 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?
- 5. Have there ever been judgement or settlements paid on your behalf as a result of a professional liability case?
- 6. Have you ever had a license, permit, registration, or certification denied, suspended, revoked, or otherwise disciplined by a certification body?

NOTE: Has documentation previously been provided to the Bureau for any “YES” answer(s) above?  
 Yes       No

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.

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Applicant’s Signature Date