

Emergency Medical Services Commission

Dept. of Public Health & Social Services
194 Hernan Cortez Avenue, Suite 213 Terlaje Professional Building Hagatna, Guam 96910

CHECKLIST: Application for Licensure/Reciprocity

Please V one: EMD EMR EMT AEMT ALS EMT-P

NAME: _____ APP DATE: _____
Last Name First Name Middle Name Meeting Date: _____

1. ___ Application 'Notarized' (Form EMS 2022/09: 001NR):
 - At least 18 years of age YES NO
 - Be a High-School Graduate YES NO
2. ___ Police Clearance 'GPD', original Seal (not more than 2 months from application date)
3. ___ Court Clearance 'Superior Court of Guam', original Seal (not more than 2 months from application date)
NOTE: If less than 2 months in Guam, Submit an OFF-ISLAND Police and Court Clearances 'Original Seal' (not more than 2 months from application date)
4. ___ Police/Court additional documents (judgment, justification, dismissal, probations, etc.) (If Applicable)
5. ___ Current Color ID photo (Guam Driver's License OR U.S. Passport = one 2x2 passport photo within last 3 months from Application date) (Sign and date 2/black or blue ink, or photo right 'front' vertical)
6. ___ 1 Letter of Reference (GFD Original Letterhead) from GFD Training Bureau, etc. (current OR last EMT job Reference Letter), Ref: EMT moral character (not more than 2 years from application date)
7. ___ Copy of Original & Valid DPHSS Office of EMS Current 'License card'
8. ___ Copy of Original NREMT Certification Card/Certificate
9. ___ Current Certificate of 'Course Completion' (New Applicants)
10. ___ Certification VERIFICATION (Form EMS: 2022/09 001NR)
***For NREMT: Print-out On-Line 'Candidate Status' (www.nremt.org)
11. ___ Notarized affidavit of the applicant's 'Change of Name' (If Applicable)
12. ___ Licensure Application Fee (See: 'PL 36-121' Section 5 84105 (s) 1 A) (Subject to Change based on AAL)

FEE SCHEDULE:	Initial App	120 Days	60 Days	30 Days	W/in 90 DAYS of Expiration
EMR/EMT:	\$75.00	\$50.00	\$75.00	\$75.00	\$100.00
AEMT/EMT-P:	\$125.00	\$75.00	\$100.00	\$125.00	\$150.00

MANDATORY REQUIREMENTS: (See: 'PL 36-121 Section 9 84110(f))

EMD/EMR/EMT: ___ 1) Valid Current Driver's License (operator/chauffeur)
___ 2) "Valid Current CPR/BLS Card (AHA)"

AEMT/ALS/Paramedic: ___ 1) Valid Current Guam Driver's License (chauffer)
___ 2) "Valid Current CPR/BLS Card (AHA)" as well as "Advance Cardiac Life Support Card (AHA)" & "Pediatric Advance Life Support Card (AHA)"

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Office of Emergency Medical Services

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(671) 735-7411 or (671) 735-7412



PL 36-121 (Chapter 84): CHECKLIST Attached.

Police/Court Clearances: Not more than 2 months from date of Application Request. EMTs Must NOT be felons on substance, alcohol abuse, and NOT be on the Sexual Registry. Necessary for reporting to the National Data Bank enforced by EMS due to federal mandate, DOHHS for all emergency care providers, hospitals, and Medicare service providers. (PL 36-121 pgs. 13-14 authority to EMS Office to make changes to policy and create R&R as approved by EMS Commission to meet DOT regulations). Social Security Act (mandatory), REF: child-support, spousal/alimony order, repayment of educational loans.

Application requirements must be received by the EMS Office prior to the EMS Commission's monthly scheduled meeting for the Commission's review.

APPLICATION FOR:

LICENSURE RECIPROCITY RECERTIFICATION UPDATE TEMPORARY LAPSE/REINSTATEMENT

Date Receive/By: EMD EMR EMT ALS AEMT EMT-P

NREMT Number: EXPIRATION DATE:

GUAM EMT No: STATE /NUMBER: EXPIRATION:

APPROVE DISAPPROVE ZENNIA C. PECINA, RN, MSN EMS Administrator DATE:

COMMENT (S):

A. PERSONAL IDENTIFICATION: () Mr. () Miss () Mrs.

B. Gender: () Male () Female () Transgender () Gender Non-Conforming

1. PRINT Full Name: MAIDEN:

LAST FIRST Middle

2. Email Address: Birthdate: Soc Sec No:

3. Mailing Address:

4. Home Address:

5. Home Phone: Radio/Cell Phone: Other contact #:

6. Occupation Employer: Work Phone:

7. If employed by a Non-Emergent Transport Company, please check (v) one: () Access Medical Transport () Marianas Medical Response () Other: () Priority One Transport

Name of Medical Director:

8. Employer's Address:

C. EDUCATION: HIGH SCHOOL GRAD GED COLLEGE LEVEL: 1 2 3 4

D. Approved EMTs/EMD/EMR/ALS/EMT-P COURSES: ATTACH Certificate of Completion Course. Training Program must include all objective of the current national Standard Curriculum/APCO, etc.

Course Title	Hours	Dates	Sponsored By	Instructor
1. EMT/AEMT/ALS/EMT-P				
2. EMD/EMR				

E. Have you ever been convicted of a felony? Yes No

If YES: Please attach documentation that fully describes the offense, copies of relevant court documents, deposition and current status.

I understand that my application will not be accepted for processing until it has been completed in its entirety and I hereby affirm and declare that the above information is true and correct and that any fraudulent entry may be considered cause for rejection or subsequent revocation. It is also understood that the Guam EMS Office may conduct an audit of the registration activities reported on these forms any time.

A F F I D A V I T

To be sworn before an Officer authorized to administer OATHS by the applicant who has completed this form, and is applying for Guam Certification.

Applicant's Signature

Subscribed and sworn to before me this _____ Day of _____

Notary Public _____

Commission Expires: _____
Date

NOTARY SEAL