

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)"

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.

AFFIDAVIT

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



Emergency Medical Services Commission



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 194 Hernan Cortez Avenue, Suite 213 Terlaje Professional Building Hagatna, Guam 96910
 671-735-7411 or 671-735-7412
 Website: <https://guamhplo.org/emsc>
 Email Address: hplo@dphss.guam.gov

RECORD OF PAYMENT

I. IDENTIFICATION

Last Name: _____ First Name: _____ M.I. _____
 Local EMT No. _____ Social Security No. _____ Contact No: _____
 Email Address: _____ Mailing Address _____

II. FEE: Make all checks or money orders payable to the TREASURER OF GUAM located at the ITC Building in Tamuning. All Fees are NON-REFUNDABLE.

Initial Licensure Application: (Check mark one that applies to you)

	BASIC	National Registry Emergency Medical Responder (NREMR)	\$75.00
	BASIC	National Registry Emergency Medical Technician (NREMT)	\$75.00
	Advanced Level	National Registry Advanced Emergency Medical Technician (NRAEMT)	\$125.00
	Advanced Level	National Registry Paramedic	\$125.00

Renewal Checkmark Application: (Check mark one that applies to you)

	BASIC	120 days prior to expired date	National Registry Emergency Medical Responder (NREMR)	\$50.00
	BASIC	120 days prior to expired date	National Registry Emergency Medical Technician (NREMT)	\$50.00
	Advanced Level	120 days prior to expired date	National Registry Advanced Emergency Medical Technician (NRAEMT)	\$75.00
	Advanced Level	120 days prior to expired date	National Registry Paramedic	\$75.00

	BASIC	90 days prior to expired date	National Registry Emergency Medical Responder (NREMR)	\$100.00
	BASIC	90 days prior to expired date	National Registry Emergency Medical Technician (NREMT)	\$100.00
	Advanced Level	90 days prior to expired date	National Registry Advanced Emergency Medical Technician (NRAEMT)	\$150.00
	Advanced Level	90 days prior to expired date	National Registry Paramedic	\$150.00

	BASIC	60 days prior to expired date	National Registry Emergency Medical Responder (NREMR)	\$75.00
	BASIC	60 days prior to expired date	National Registry Emergency Medical Technician (NREMT)	\$75.00
	Advanced Level	60 days prior to expired date	National Registry Advanced Emergency Medical Technician (NRAEMT)	\$100.00
	Advanced Level	60 days prior to expired date	National Registry Paramedic	\$100.00

	BASIC	30 days prior to expired date	National Registry Emergency Medical Responder (NREMR)	\$75.00
	BASIC	30 days prior to expired date	National Registry Emergency Medical Technician (NREMT)	\$75.00
	Advanced Level	30 days prior to expired date	National Registry Advanced Emergency Medical Technician (NRAEMT)	\$125.00
	Advanced Level	30 days prior to expired date	National Registry Paramedic	\$125.00

NOTE:

Present this form with payment to cashier at Treasurer's office, then return the processed form to EMS Office for further processing. Off-island applicants may mail this form to the Emergency Medical Services Commission, 194 Hernan Cortez Avenue Suite 213, Hagatna, Guam 96910.

FOR OFFICE USE ONLY: Payment () Check () Money Order

Field Receipt No.: _____ Date Paid: _____

Account #: DPHSS (PL 36-121:5) 310061705