

Emergency Medical Services Commission

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

CHECKLIST: Application for Certification/Reciprocation

Please V one: EMD EMR EMT AEMT ALS

NAME: _____
Last Name First Name Middle Name

APP DATE: _____
Meeting Date: _____

1. ___ Application 'Notarized' (Form EMS 2013/09: 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)
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 (Company's Original Letterhead) from EMT Supervisor/Agency, etc. (current OR last EMT job), Ref: EMT moral character (not more than 2 years from application date)
7. ___ Original Valid Current 'Certification/License card'
8. ___ Current Certificate of 'Course Completion'
9. ___ License/Certification VERIFICATION (Form EMS: 2013/09___)
***For NREMT: Print-out On-Line 'Candidate Status' (www.nremt.org)
10. ___ Notarized affidavit of the applicant's 'Change of Name'
11. ___ NA Application Fee

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

AEMT/ALS/Paramedic: ___ 1) Valid Current Guam Driver's License (chauffer)
___ 2) Valid Current CPR/BLS 2/AED and ACLS