

To: EMT License Applicants State of Oklahoma

From: Bob Hitt EMT Licensing Coordinator Emergency Medical Services Division
Protective Health Services Oklahoma State Department of Health

Subject: Guidelines for Completion of State License Application

Attached you will find the Oklahoma license application. All required documentation should be completed in full (incomplete documents will not be processed) and returned to the address below.

Please note there is a **non-refundable** fee for the license. The fee should accompany the application along with all required documentation. The fee schedule as of July 1, 2009 is:

Basic \$ 85.00 Intermediate \$160.00 Paramedic \$210.00
(includes \$10.00 mandatory Death Benefit Fee)

The processing time on an application varies. **Please do not plan to walk into the office with an application and receive a license at that time.**

EMT-Intermediates will be required to demonstrate endotracheal intubation skills. The fee includes the skill test. You will be notified of your testing date.

Please ensure your application includes the following:

1 Completed, legible and signed application

2 **Non-refundable fee** (check or money order- **do not send cash**)

3 Copy of a current National Registry Certification Card

4 **The Affidavit of Lawful Presence By Person Making Application For A License**, in accordance with HB1804, effective November 1, 2007 (attached).

Send application and all documents to: OSDH Financial Management

P. O. Box 268823 Oklahoma City, Oklahoma 73126-8823

Should you have further questions you may contact this office at (405) 271-4027

Application for Oklahoma EMT License

Applicants, please read instruction sheet to ensure you meet all requirements for Oklahoma Licensure. All fees are non-refundable.

Please print or type all information.

Last Name: _____ First Name: _____ MI: _____

SSN: ____ - ____ - ____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Level applying for: () Basic (\$85.00) () Intermediate(\$160.00) () Paramedic (\$210.00) (includes \$10.00 mandatory Death Benefit Fee)

State Expiration Date _____

National Registry Number Expiration Date

Name and location of training at the level requested:

Name of Institution: _____ Address, City, State,
Zip: _____ Name of instructor/coordinator
_____ Telephone number:

Month/Year completed: _____ Total Hours: _____

Intermediate Training Out-of-State: (attach documentation) Proof of passing the skill at a National Registry Practical Exam (Oklahoma will verify)

Have you ever been convicted of a Felony () Yes () No Has your EMT certification or license ever been suspended or revoked? () Yes () No_

If YES to either of the preceding questions, include a copy of official documents or court documents fully explaining the charge(s), inclusive date(s), outcome and conditions set forth by the court. The Department will then advise of its findings.

By signing this application, I hereby attest to the accuracy of the above information and understand that any fraudulent entry may be considered cause to deny or revoke any EMT License that may be issued in the State of Oklahoma.

Applicants Signature Date Signed

_____ Oklahoma State Department of Health ODH
Form 301

AFFIDAVIT OF LAWFUL PRESENCE BY PERSON
MAKING APPLICATION FOR A LICENSE, PERMIT OR CERTIFICATE

I, the undersigned applicant, being of lawful age, state that one of the following statements is true and correct: (Check which of the following statements apply.)

_____ I am a United States citizen.

_____ I am a qualified alien under the federal Immigration and Nationality Act and am lawfully present in the United States. (Alien or Admission # _____)

I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct and that I have read and understand this form and executed it in my own hand.

Date _____

Signature _____

City & State _____

Print _____

INSTRUCTIONS FOR USE OF THE AFFIDAVIT OF LAWFUL PRESENCE BY PERSON MAKING APPLICATION FOR A LICENSE, PERMIT OR CERTIFICATE

The person signing this form must read these instructions carefully.

1. If the person executing this form is receiving services and not making an application for a license, permit or certificate, this form should *not* be used but rather, either the form titled, "*Affidavit of Lawful Presence by Parent or Guardian of Person Receiving Services*" or the form titled "*Affidavit of Lawful Presence by Person Receiving Services*" should be used.

2. If the person executing this form is a citizen of the United States then that person should check the box to the left of the statement, "*I am a citizen of the United States.*" If the person executing this form is not a citizen of the United States but is a qualified alien under the federal Immigration and Nationality Act and is lawfully present in the United States then that person should check the box to the left of the statement, "*I am a qualified alien under the federal Immigration and Nationality Act and am lawfully present in the United States.*"

3. In the space after the word "*Date*" the person executing this form should write today's date. The person executing this form should indicate the city and state where they are actually located when they sign this form.

4. Within the context of the execution of this form, the term "penalty of perjury" means the willful assertion of the fact of either United States citizenship or lawful presence in the United States as a qualified alien, and made upon one's oath or affirmation and knowing such assertion to be false. Making such a willful assertion on this form knowing it to be false is a crime in Oklahoma and may be punishable by a term of incarceration of not more than five (5) years in prison. Additionally, one who procures another to commit perjury is guilty of the crime of subornation of perjury and may be punished in the same manner, as he would be if personally guilty of the perjury so procured.