



Michigan Department of Health and Human Services
 Bureau of EMS, Trauma and Preparedness
 Division of EMS and Trauma
 P.O. Box 30207
 Lansing, MI 48909-0207

Please return to MDHHS-MichiganEMS@michigan.gov
www.michigan.gov/ems

VERIFICATION OF OUT-OF-STATE LICENSURE

Authority: Public Act 368 of 1978, as amended.

PART I – To be completed by the applicant and forwarded by the applicant to the appropriate State Licensing Agency for completion of PART II. If your out-of-state education does NOT meet Michigan requirement, you will be required to take additional education to meet Michigan’s standards.

Please indicate the level of licensure for which you are requesting verification:			
Medical First Responder	Emergency Medical Technician	Specialist-AEMT	Paramedic
First Name	Middle Name	Last Name	
All Previous Names and/or Birth Names Used (if applicable)		Date of Birth	Last 4 of Social Security Number XXX-XX-
State Agency	License Number	Date INITIAL license was issued	
Nationally Registered through NREMT? Yes No	National Registry #	National Registry Status Active Lapsed	

PART II – To be completed by the State Licensing Agency.

The applicant named above has applied for licensure in Michigan and has indicated licensure in your state. Please complete Part II of this form and return it to the address shown above.

License Type	License Status Active Lapsed Inactive	Expiration Date
Has the applicant incurred any disciplinary proceedings in your State? No Yes (If yes, please attach copies of any actions.)		
To your knowledge, has the applicant ever been convicted of a misdemeanor or felony in your State? No Yes (If yes, please attach copies of any actions.)		
If applying for MFR , did the applicant's training include: Spinal Immobilization Epi-Pen® Narcan® Administration		
If applying for EMT , did the applicant's training include: Supraglottic Airway (e.g., combitube, king) CPAP Epi-Pen® Albuterol® Narcan® Administration		
If this person is currently licensed as a Specialist (AEMT) or Paramedic, do they currently hold or have they held in the past, certification/licensure at the EMT level? No Yes		
I hereby certify that, to the best of my knowledge, the information above is true to the records of this Licensing Agency, and my electronic signature is considered my personal signature.		
Signature	Date	
Type or Print Name	Title	
Name of Licensing Agency		(S E A L)
Phone Number		

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability. People with disabilities, visual, hearing and/or other assistance should indicate such needs. An effort will be made to provide the accommodation requested. Individuals with disabilities needing this communication in an alternative format should contact The Bureau of EMS, Trauma and Preparedness at 517-241-3025 (voice) or BabbN@Michigan.gov (email).