



**3. EMTs Only: (See Florida Administrative Code Rule 64J-1.008(2)(a))**

If you are attempting to reactivate your certification in the two (2) years following its expiration, please attach the following items to this form:

- a. Proof of completion of 30 hours of EMT refresher training based on the January 2009 U.S. DOT EMT National EMS Education Standards, to include adult and pediatric education with a minimum of two (2) hours in pediatric emergencies described in Florida Administrative Code Rule 64J-1.008(2)(a).; and
- b. If you are applying to reactivate your certification in the second renewal cycle following its expiration, attach proof of completion of an additional 30 hours of the course content described in 3. a. above; and

You must pass the National Registry of Emergency Medical Technicians (NREMT) EMT certification examination before the end of the second renewal cycle.

**4. Paramedics Only: (See Florida Administrative Code Rule 64J-1.009(2)(a))**

- a. If you are attempting to reactivate your certification in the 2 years following its expiration, please attach the following items to this form:

Proof of completion of 30 hours of paramedic refresher training based on the January 2009 U.S. DOT Paramedic National EMS Education Standards, to include adult and pediatric education with a minimum of two (2) hours in pediatric emergencies described in Florida Administrative Code Rule 64J-1.009(2)(a).; and

- b. If you are applying to reactivate your certification in the second renewal cycle after its expiration, proof of completion of an additional 30 hours of the course content described in 4.a. above; and

You must pass the National Registry of Emergency Technicians (NREMT) paramedic certification examination before the end of the second renewal cycle.

**5. PUBLIC RECORDS EXEMPTION:** Pursuant to section 119.071(4)(c)2.o., Florida Statutes, paramedics and EMTs are entitled to have their home address, telephone number, date of birth and photograph(s) exempted from public disclosure upon request to the Department. Please indicate whether you would like the Department to maintain the confidentiality of this information.

**Yes**

**No**

**6.** I hereby certify that I am not addicted to alcohol or any controlled substance.

**Yes**

**No**

**7.** I hereby certify that I am free from any physical or mental defect or disease that might impair my ability to perform my duties.

**Yes**

**No**

**OATH (Must Be Completed):**

Under penalties of perjury, I declare that I have read the foregoing application and that the facts stated in it are true.

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**Applicant:**

\_\_\_\_\_

**Date:**