



Rhode Island Department of Health Center for Emergency Medical Services

3 Capitol Hill, Room 105
Providence, RI 02908-5097

Instructions and Application To Operate an EMS Training Institution

Select the level of EMS Training Institution license you are applying for (check one):

- Paramedic**
- Advanced Emergency Medical Technician - Cardiac (AEMT-C)**
- Advanced Emergency Medical Technician (AEMT)**
- Emergency Medical Technician (EMT)**
- Emergency Medical Responder (EMR)**

Training Institution Name

FOR DEPARTMENT OF HEALTH USE ONLY

Fee Received

Approved

Denied

Date: _____

By: _____

GENERAL INFORMATION

1. Requirements for licensure are established by the Rules and Regulations Rules and Regulations 216-RICR-20-10.2, available through the Center for EMS website at <http://www.health.ri.gov/licenses>
2. EMS licensure can be denied pursuant to the provisions of the Regulations Rules and Regulations 216-RICR-20-10.2. Statements or documents may be considered sufficient cause to deny or revoke a license as an EMS Training Institution in Rhode Island and may result in additional penalties as determined by law.
3. Should you have any questions regarding the license requirements or completion of the application form, contact the Center for Emergency Medical Services at (401) 222-2401.

APPLICATION INSTRUCTIONS

1. Complete all application materials as instructed. Please answer all questions. Incomplete questions or incomplete applications will not be processed and will be returned to you for correction and re-submission. Please mark "NA" on questions that are Not Applicable. Please type this application using the fillable form online then print the completed application.
2. Do not detach any full pages from this application packet.
3. Sign the application and return it with the application fee in the amount of \$1,500.00, payable to the General Treasurer, State of Rhode Island.
4. Do not submit the application without all applicable information, documentation and fee(s).

REQUIRED DOCUMENTATION

- Written curriculum policies, and procedures consistent with the National EMS Education Standards.
- Current written agreements and/or contracts for clinical and field internships
- Documentation of official affiliation with one of the following:
 - Four-year college or university;
 - Two-year technical or community college;
 - Hospital or medical center;
 - Federal, state, county, or local government entity; or
 - A public or private corporation that meets the state and local business requirements
- Paramedic Level Institutions must submit a copy of their accreditation or Letter of Review from the Commission on Accreditation of Allied Health Education Programs (CAAHEP).
- Photostatic copy of Program Director's Associate's degree from an accredited institution of higher education if conducting EMT or Advanced EMT-Cardiac courses, or a Bachelor's degree from an accredited institution of higher education if conducting Paramedics program.

Submit the completed application and all required materials to:

Rhode Island Department of Health
Center for Emergency Medical Services
Room 105, 3 Capitol Hill
Providence, RI 02908-5097

Applicant: Print your complete training institution name >

6. Type of Ownership

Please Check ONE

Corporation
 Limited Liability Company
 Partner
 Sole Proprietorship
 Limited Partnership
 Partnership
Complete Section 8 Below
 Governmental Entity
 Other (Describe):

7. Ownership Information for "privately held" organizations:

Provide the name address and telephone number(s) of the facility/business owner in the spaces provided.

Name of Owner

 D.B.A. (Doing Business As)

 First Line Address

 Second Line Address

 Third Line Address
 -
 City State/Province Zip Code

 Country, If NOT U.S. Postal Code, If NOT U.S.
 - -
 Phone Extension Fax

 Email Address (Format for email address is Username@domain e.g. applicant@isp.com)

8. Sole proprietor Information:

If you are the sole proprietor of this service please complete this section. Attach additional 8 1/2 x 11 sheets as needed.

If you are a sole-proprietor you must include a BCI supported by fingerprints with this application.

Has the sole proprietor ever been convicted of any violation of federal or state law (Felony or Misdemeanor)?
 (If yes, explain) Yes No

Sole proprietor's Experience in EMS



Applicant: Print your complete training institution name >

Faculty Roster:

List names and license numbers of all personnel employed at this training institution.

Make copies of this page and attach if necessary.

_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Name	License Number	Level	Full Time	Part Time
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Name	License Number	Level	Full Time	Part Time
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Name	License Number	Level	Full Time	Part Time
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