

How to Use the Online Initial Application - EMT

How to use the Online Licensure Application For Emergency Medical Technician Applicants

Online Licensure Application

- You DO NOT have to complete the application in one sitting
- Information you will need:
 - Valid email address
 - Valid Mailing and Physical address
 - School Name and Graduation date, CPR course information and NREMT candidate number
 - Credit or debit card for payment

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How does it work?

Go to www.FLHealthSource.com and select 'Licensee/Provider'



www.FLHealthSource.com

Find out about a health professional.....It's fast, It's free and It's available 24 hours a Day.



Medical Quality Assurance (MQA) Services

The Department of Health through Medical Quality Assurance offers many services to our licensees, health care businesses, and citizens and visitors to Florida through our website. Working in conjunction with 22 boards and six councils, MQA licenses and regulates seven types of facilities and 200-plus license types in more than 40 healthcare professions. Below we have provided access to some of our most requested services.

Citizen/Consumer

Licensee/Provider

License
Verification

Renew My
License

New!

- If you want to know about your practitioner click on [Citizen/Consumer](#).
- If you are a Florida licensed practitioner or a service provider click on [Licensee/Provider](#).
- If you would like additional information about the professions/boards that we regulate, click [here](#).

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[Accessibility Information](#) * [Email Advisory](#)

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New Licensee Services

Under the heading 'New Licensee Services', click on 'Apply for Licensure Online'



- Citizen/Consumer
- Health Information Services
- License Information Services
- Citizen/Consumer FAQ
- Licensees**
- Practitioner Login
- License Verification
- Board Information
- Hot Topics
- Current Licensee Services
- Other License Services
- Current Licensee FAQ
- Applicants**
- New Licensee Services
- New Licensee FAQ



Medical Quality Assurance (MQA) Services

- Citizen/Consumer
- Licensees**
- Contact MQA
- Hot Topics
- FAQ's

Current Licensee Services

The following online services are available for current licensees. Access to online services require practitioners to login.

- [Renew License](#)
- [Update Address](#)
- [View Profile](#)
- [Update Profile](#)
- [Print Confirmation of License](#)
- [Request Duplicate License](#)
- [One Time Fee Assessment](#)
- [Continuing Education](#)

New Licensee Services

Do you need a Florida license? Verify your qualifications for a Florida license and request an application packet or apply online.

- [Licensure Evaluation Tool](#)
- [Apply for Licensure Online](#)
- [MQA Examination Services](#)
- [EMS Examination Services](#)
- [Applicant Status Check](#)



Other Licensee Services

Want to know more about recent Practice Act changes or want to know more about how to change your license information.

- [Request License Certification](#)

Profession Board/Council Home Pages

-- select board name for home page --

>>Go



Under 'New Licensee Services' click on 'Apply for Licensure Online'

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Creating an account

New applicants will need to select the 'Create Account' button



New Applicants will need to create an account using an email address and password

New Applicants

Thank you for your interest in applying for licensure in the State of Florida.

This online application has been designed to collect the essential information for licensure quickly and efficiently.

To begin the licensure application process, first time users must create an account.

CREATE ACCOUNT

Returning Applicants

Profession:
--Select--

Email Address:
[Text Input Field]

Password:
[Text Input Field]

[▶ Forget your password?](#)

LOG IN

Exam Re-Take Applicants: If you are applying to re-take an examination, please click [here](#).

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Creating an account

To create an account: select the profession, enter in your email address, and create a password.

Important: Use an email address that you regularly check. At the end of the application process, a confirmation email and additional instructions will be sent to this address by our automated system.

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In order to access your application information, please select your profession, enter your email address and password.

Create Your Account and Password

*Profession:	<input type="text" value="Paramedic"/>	
*Email Address:	<input type="text" value="TestEMT@yahoo.com"/>	Example mike@doh.state.fl.us
*Password:	<input type="password" value="●●●●●●●●"/>	Must be at least 8 characters in length, and must contain one character (a to z), one numeral (0 to 9), and one of the following special characters =, !, \$, @ . Example: Permal3277
*Password Confirm:	<input type="password" value="●●●●●●●●"/>	Retype password.

Important: Use an email address that you regularly check. Your confirmation email and additional instructions will be sent to this address by our automated system.

CREATE ACCOUNT

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Requirements Screen

Once you are logged in, you will be directed the requirements page. You can navigate away by either clicking the 'Basic Data' tab at the top of the screen or the continue button at the bottom of the screen.

The screenshot shows a web application interface. At the top, there are two tabs: 'Requirement' (highlighted in blue) and 'Basic Data'. To the right of the tabs is a 'Logout' link. Below the tabs is a large text area containing instructions and a list of requirements. A yellow callout box with a blue border and red text points to the 'Basic Data' tab and the 'Continue' button. The callout text reads: 'Navigation: From here you can either click 'Continue' at the bottom of the screen or the 'Basic Data' tab at the top of the screen.' A red arrow also points from the 'Basic Data' tab to the 'Continue' button. The text area includes a 'Navigation Tips' link, a thank you message, instructions for EMTs and Paramedics, a list of requirements, a 'Criminal History' section, and an 'Attention' note.

[Requirement](#) [Basic Data](#) [Logout](#)

[Navigation Tips](#)

Thank you for your interest in applying for certification in Florida. This online application has been designed to collect the essential information required to process your application in a timely manner.

If you are an Emergency Medical Technician (EMT) or Paramedic (PMD) holding an active license/certificate in the United States or its Territories and you would like to pursue a career in Florida, there are steps you can complete prior to applying online to help expedite the process:

1. Request verification of your license to be sent directly to our office from your original and current states of licensure.
2. Proof of Professional Rescuer Certification.
An applicant for Paramedic certification must hold either a current American Heart

Criminal History

If you have been convicted of a felony, please provide the required documentation listed below.

1. Law enforcement background check from each state where a felony occurred. Florida-FDLE
2. The court documents showing final disposition for all cases (i.e. arrest affidavit, probation documents, etc)
3. Proof of civil rights restoration if applicable.
4. Your explanation of circumstances surrounding the event(s).
5. Reference letters if you wish to have them considered.

Attention - While payment by credit/debit card is required by the online application, it may take up to 10 days for the Department of Health to receive payment from the credit card institution. Your application will not be reviewed until monies are received.

[Continue](#)

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Basic Data Screen

Select the type of transaction. For most students, this will be **EMT Florida Graduate Application**. Below the 'Enter basic Data' header the data fields are required to move to the next screen. Yellow Information Boxes provide additional information about the information being gathered.

The screenshot shows the 'Basic Data' screen of an online application. At the top, there are two tabs: 'Requirement' and 'Basic Data', with 'Basic Data' being the active tab. A 'Logout' link is located in the top right corner. The main content area contains four radio button options for selecting the type of transaction. A yellow box with a red arrow pointing to the first option contains the text: 'Select the type of transaction. For most students, this will be EMT Florida Graduate Application'. Below the options, there is a 'Save and Continue' button. A yellow box with a red arrow pointing to the text below the options contains the text: 'Applicant Data is entered below. This data is required to'. Below this is the 'Enter Basic Data' section, which includes input fields for First Name, Middle Name, Last/Surname, Title (a dropdown menu with '--Select--'), Suffix, and Email address (pre-filled with 'TestEMT@yahoo.com'). A yellow box with a red arrow pointing to the 'Enter Basic Data' header contains the text: 'Yellow Boxes provide additional information about the information'. Another yellow box with a red arrow pointing to the 'IMPORTANT information for Exam Applicants' text contains the text: 'IMPORTANT information for Exam Applicants - The name on this application must match the name on your NREMT registration and photo identification. Any difference in names could result in you not being allowed to take the exam at your scheduled time and cause a substantial increase in costs for re-application to this office and to the NREMT. If you are applying'.

Requirement Basic Data Logout

EMT Florida Program Graduate Application -- I am a graduate of a Florida approved EMT School.

EMT non-Florida Program Graduate Application -- I currently satisfy the training requirements of another state or US territory as evidenced by certification or licensure from that state or territory that is in good standing (current, free of disciplinary limitation, and not the subject of current disciplinary investigation or procedure).

EMT non-Florida Program Graduate Application -- I am currently employed by or honorably, medically, or generally discharged from the United States Military and either currently hold or at the time of discharge held the job classification of EMT or Paramedic. I am currently registered with NREMT.

EMT Florida Program Graduate Application Volunteer

Please refer to eligibility requirements for 464.008 and 464.009, Florida Statutes, and Rules 64B... Code.

Save and Continue

Enter Basic Data

First Name

Middle Name

Last/Surname

Title

Suffix

Email address

Yellow Boxes provide additional information about the information

IMPORTANT information for Exam Applicants - The name on this application must match the name on your NREMT registration and photo identification. Any difference in names could result in you not being allowed to take the exam at your scheduled time and cause a substantial increase in costs for re-application to this office and to the NREMT. If you are applying

Select the type of transaction. For most students, this will be EMT Florida Graduate Application

Applicant Data is entered below. This data is required to

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Education Screen

You must have registered with the **NREMT** to complete this section so that you can list your candidate number. Provide the information requested and then click the '**ADD**' button

Education History

Please choose the school you attended:

School Name:

Date of Graduation or Anticipated Graduation: / / (mm/dd/yyyy)

NREMT Candidate Number:

Please select which CPR for the Professional Rescuer course you have completed:

Course Provider:

Issue Date: / / (mm/dd/yyyy)

Expiration Date: / / (mm/dd/yyyy)

You must have registered with the **NREMT** to complete this section so that you can list your candidate number.

Provide the information requested and then click the '**ADD**' button.

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Background Information Screen


Please answer 'Yes' or 'No' to the criminal history question. If yes, there are instructions at the conclusion of the application for additional documentation.

Requirement Basic Data Education History **Background** Additional Info Review

[Logout](#)

Criminal History

Have you ever been convicted of, plead no contest to, or had adjudication withheld on a felony charge?

Yes No 

You must include all felonies, even if adjudication was withheld.

Please answer the question. If yes, there are instructions at the conclusion of the application for additional documentation.

If you have been convicted of a felony, please provide the required documentation listed below.

1. Law enforcement background check from each state where a felony occurred. Florida—FDLE
2. The court documents showing final disposition for all cases (i.e. arrest affidavit, probation documents, etc)
3. Proof of civil rights restoration if applicable.
4. Your explanation of circumstances surrounding the event (s).
5. Reference letters if you wish to have them considered

Save and Continue

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Additional Information Screen:

If you require a public records exemption based the information in the yellow box, please select 'Yes'.

Requirement	Basic Data	Education	History	Background	Additional Info	Review
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[Logout](#)

Availability for Disaster

Will you be available to provide health care services in special needs shelters or help staff disaster medical assistance teams during times of emergency or major disaster?
If you respond 'Yes', your name will be added to a data listing that is available to the Department of Health if a disaster is declared. If you live in an area where you may be able to help you will be called on if needed.

Yes
 No

Request Public Records Exemption

I am a firefighter certified in compliance with s. 633.35 or I qualify under another exemption from the Public Records laws?

Yes
 No

If you require a public records exemption based the information in the yellow box, please select 'Yes'.

Your responses in filling out this form are a public record. That means that any one can request a copy of your filled out form. However we will not supply the following to the requestor: 1. Your social security number; 2. If you are a firefighter certified in compliance s. 633.35, or the spouse or child of a firefighter so certified, your home address, telephone number, photograph, and place of employment. There are similar exemptions for law enforcement, judges and others. More importantly we will not know you have an exemption unless you tell us. If you have questions about this, please review Chapter 119.07, F.S., and, in particular, subsection 4 [§119.07(4), F.S.]. Additional information, including answers to frequently asked questions may be had through the Office of the Attorney General of the State of Florida's website, <http://myfloridalegal.com>. Click on "open government", that will get you to an abridged version of the "Government in the Sunshine Manual." For general information on this subject, the Attorney Generals' telephone number is (850)245-0157.

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Review Screen

Once all of the answers are filled in, this review page is presented. Click on the **'Printable Version'** button to get a version will print clearly. If you need to change any information, click on the tab at the top and you will go directly to that section.

At the bottom of the screen, there is an affirmation that must be attested to before the application can be paid for and submitted to the Certification Office. If any required information is missing, a pop-up window will display to alert you and the missing information will be highlighted at the top of the page.

Requirement Basic Data Education History Background Additional Info **Review**

[Logout](#)

Please review your answers and the attestation statement below. Check the box to affirm that this application is for you and not a third party, your information is correct, and that you will comply with all requirements of licensure. The confirmation button at the bottom of the page will take you to a payment screen. Print a copy of your application for your records. After you pay for your application you can not go back and review or change your answers.

←

Your Education Data is incomplete. Please click [here](#) to update. ←

Basic Data

Profession:	EMT
Application Type:	EMT FL Prog Graduate Application
First Name:	TEST
Middle Name:	EMT
Last Name:	STUDENT
Title:	Mr.
Suffix:	
Email Address:	TestEMT@yahoo.com
SSN:	123-65-4561
Phone Number:	(850) 222-0000
Date Of Birth:	01/01/1980
Place of Birth:	TALLAHASSEE
Citizenship:	UNITED STATES

Once all of the answers are filled in, this review page is presented. Click on the **'Printable Version'** button to get a version will print clearly. If you need to change any information, click on the tab at the top and you will go directly to that section.

At the bottom of the screen, there is an affirmation that must be attested to before the application can be paid for and submitted to the Certification Office. If any required information is missing, a pop-up window will display to alert you and the missing information will be highlighted at the top of the page.

Mail Address

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Payment Screen

[Requirement](#)[Basic Data](#)[Education](#)[History](#)[Background](#)[Additional Info](#)[Review](#)[Payment](#)[Logout](#)

CREDIT CARD PAYMENT

Fee Due **\$75.00**

Credit Card Number (No spaces or dashes)

Credit Card Type (VS - Visa, MC - MasterCard, AX - American Express, DS - Discover)

Expiration Date (MM/YY) /

CVV Number [What's This?](#)

Card Holder Name:

*** Attention - It may take up to 10 days for the Department of Health to receive payment from the credit card institution. Your application will not be reviewed until monies are received.***

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Confirmation Screen

Applications are uploaded to our system twice a day. Once your application is uploaded, you will receive a confirmation email directing you to log into our online systems to print out your completed application and any coversheets that will need to be submitted.

These documents can also be retrieved from this system after you receive the email.

[Confirm](#)

[Logout](#)

Your application has been submitted. Please allow up to 48 hours to receive additional instructions via email. This email will:

- Present your credit card receipt
- Provide you with a link back to this site with instructions to print out your application (for your records) and cover sheets for additional documentation that you may need to provide (if applicable).

If you have any questions please call customer service at: (850) 488-0595, ext 3, Monday through Friday from 8:00 am to 5:00 pm Eastern Time.

[Printable Receipt](#)

Online Initial Application ID is 1102

Keep the above Online Initial Application ID information available. It will be important to have if you DO NOT receive an email as described above within 48 hours.

If you were required submit additional documentation please mail these to:

EMT/Paramedic Certification Office
4052 Bald Cypress Way, Bin # C85
Tallahassee, Florida 32399-3285

Payment by Credit Card: While payment by credit/debit card is required by the online application, it may take up to 10 days for the Department of Health to receive payment from the credit card institution. Your application will not be reviewed until monies are received.

Education and Training - Please provide a copy of your certificate or letter of completion from your EMT or Paramedic Program.

Confirmation Screen -
Applications are uploaded to our system twice a day. Once your application is uploaded, you will receive a confirmation email directing you to log into our online systems to print out your completed application and any coversheets that will need to be submitted.

These documents can also be retrieved from this system after you receive the email.

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Online Application Status Check

- Allows applicants to check application status in real time via www.FLHeathsource.com
- Implemented in January 2009 for EMTs and Paramedics

Applicants will log in using their UserID and password. Please note that if they lose this information they will need to call the call center to get this information.



Welcome to the Division of Medical Quality Assurance Online Services.

If you know your User ID and Password:

1. **Select your profession:**

2. **Enter your User ID:** ←

3. **Enter your Password:** ←

* NOTE: User ID and Password are case-sensitive.

[Sign in using our secure server](#)

Please note your User ID and Password were mailed with your **physical license**. Look in the center section and refer to the Online Services Instructions, item #5. Your security is important to us; therefore, this information is NOT located on postcard renewal notices.

----- OR -----

Would you like to attempt our alternate login process?

If you do not know your User ID and/or Password, you can also login by answering a set of security questions. Please click here: [Get Login Help?](#)

Please contact the Department of Health helpdesk to resolve log in difficulties:
(850) 488-0595, press menu option 3.

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Applicants using their email address will need to create a New UserID and Password for MQA's online system.



Name: TEST EMT STUDENT

As a new applicant for licensure, you must reset your account id and password to continue. A suggested account id is displayed, but you may update it if you wish. Please enter the requested information and click the Update button.

New Account Id :

----- AND -----

New Password :

Re-enter New Password :

NOTE: Your new user account id must be between 8 and 10 characters long. Your new password must be between 8 and 10 characters long and contain at least 1 uppercase character.

***** Please note that this password is for Online Services only. If you need to access the Online Initial Application tool, you will still need to use your email address UserID and corresponding password. *****

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Additional Documents

Once logged in, select 'Additional Documents' from the menu on the left of the screen.

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Name: TEST EMT STUDENT

Message(s) from your board :

[Click here if you need to contact your board via email.](#)

Practitioners: http://www.doh.state.fl.us/mqa/info_obesity.pdf (Message Post Date: 01/04/2007)

Click on the **Additional Documents** link to access the supporting documents and a copy of your application.

Update Login
Check Application Status
Additional Documents
Exam Score Look-up
Contact Information
Log Off

Navigate through until the links for Initial Application and Supporting Documents display. These links will launch Adobe Reader.

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Name: TEST EMT STUDENT
Profession: EMERGENCY MEDICAL TECHNICIAN
Address: 123 NORTH MAIN STREET
APT 123
TALLAHASSEE, FL 32301

File Number: 92211

Initial Application
Click the following to review your initial application:
[Initial Application](#)

Additional Documents
Click the following to review your supplemental documentation:
[Additional Documents](#)

These links will launch Adobe Reader so that the PDFs display.

Update Login
Check Application Status
Additional Documents
Exam Score Look-up
Contact Information
Log Off