

## **Emergency Medical Responder (EMR) Check List:**

\_\_\_ Application

\_\_\_ 2x2 photo taken within six months from date of application;

\_\_\_ Non-refundable application fee of \$100 payable to “**CNMI Treasurer**”

\_\_\_ Notarized/certified copy of completion of high school or GED;

\_\_\_ Copy of current and valid CNMI driver’s license and police clearance;

\_\_\_ Curriculum Vitae

\_\_\_ A current certification from NREMT as an NREMT-FR; or

\_\_\_ A valid, active license or certification from a U.S. state or territory to practice as an EMR; or

\_\_\_ A certificate showing successful completion of the most current First Responder National Standard Curriculum developed by the NHTSA, U.S. Department of Transportation, taught by an approved EMS curriculum provider and completed the course within the last two years prior to applying for licensure; or

\_\_\_ A certificate showing successful completion of an EMR curriculum or training program approved by a U.S. state or territory that meets or exceeds the most current First Responder National Standard Curriculum developed by the NHTSA, for its licensing or certification requirement approved by the Board and completed the course within the last two years prior to applying for licensure.

\_\_\_ Applicant must submit evidence of a current and valid completion of a CPR course for health care providers within the last two years prior to applying or renewing a license.

\_\_\_ If your initial EMR curriculum or training program was completed more than two years ago and you have maintained licensure at the EMR level, you must submit documentation verifying completion of an EMR refresher program taught by an approved EMS curriculum provider within the past two years and successfully completing the cognitive and psychomotor examinations. If your initial EMR curriculum or training program was completed more than two years ago and you never gained state licensure at the EMR level, you must complete the most current First Responder National Standard Curriculum developed by the NHTSA, U.S. Department of Transportation, taught by an approved EMS curriculum provider or an EMR curriculum or training program approved by a U.S. state or territory that meets or exceeds the most current National Standard Curriculum for FR developed by NHTSA, for its licensing or certification requirement approved by the Board and complete the cognitive and psychomotor examinations.

## **Emergency Medical Technician (EMT) Check List:**

- \_\_\_ Application
- \_\_\_ 2x2 photo taken within six months from date of application;
- \_\_\_ Non-refundable application fee of \$100 payable to “**CNMI Treasurer**”
- \_\_\_ Notarized/certified copy of completion of high school or GED;
- \_\_\_ Copy of current and valid CNMI driver’s license and police clearance;
- \_\_\_ Curriculum Vitae;
- \_\_\_ A current certification from NREMT as an NRAEMT; or
- \_\_\_ A valid, active license or certification from a U.S. state or territory to practice as an EMT; or
- \_\_\_ A certificate showing successful completion of the most current EMT – Basic National Standard Curriculum developed by the NHTSA. U.S. Department of Transportation, taught by an approved EMS curriculum provider and completed the course within the last two years prior to applying for licensure; or
- \_\_\_ A certificate showing successful completion of an EMT curriculum or training program approved by a U.S. state or territory that meets or exceeds the most current National Standard Curriculum for EMT developed by NHTSA, for its licensing or certification requirement approved by the Board and completed the course within the last two years prior to applying for licensure;
- \_\_\_ Applicant must submit evidence of a current and valid completion of a Basic Cardiac Life Support (CPR) course for health care providers within the last two years prior to applying or renewing a license;
- \_\_\_ If your initial EMT - B curriculum or training program was completed more than two years ago and you have maintained licensure at the EMT level, you must submit documentation verifying completion of an EMT refresher program taught by an approved EMS curriculum provider within the past two years and successfully completing the cognitive and psychomotor examinations. If your initial EMT-B curriculum or training program was completed more than two years ago and you never gained state licensure at the EMT level, you must complete the most current EMT-Basic National Standard Curriculum developed by the NHTSA, U.S. Department of Transportation, taught by an approved EMS curriculum provider or an EMT curriculum or training program approved by a U.S. state or territory that meets or exceeds the most current National Standard Curriculum for EMT developed by NHTSA, for its licensing or certification requirement approved by the Board and complete the cognitive and psychomotor examinations.

## **Advanced Emergency Medical Technician (AEMT) Check List:**

- \_\_\_ Application;
- \_\_\_ 2x2 photo taken within six months from date of application;
- \_\_\_ Non-refundable application fee of \$100 (payable to “**CNMI Treasurer**”)
- \_\_\_ Notarized/certified copy of completion of high school or GED;
- \_\_\_ Copy of current and valid CNMI driver’s license and police clearance;
- \_\_\_ Curriculum Vitae;
- \_\_\_ A current certification from NREMT as an NRAEMT; or
- \_\_\_ A valid, active license or certification from a U.S. state or territory to practice as an AEMT; or
- \_\_\_ A certificate showing successful completion of the most current AEMT National Standard Curriculum developed by the NHTSA, U.S. Department of Transportation, taught by an approved EMS curriculum provider and completed the course within the last two years prior to applying for licensure; or
- \_\_\_ A certificate showing successful completion of an AEMT curriculum or training program approved by a U.S. state or territory that meets or exceeds the most current National Standard Curriculum for AEMT developed by NHTSA, for its licensing or certification requirement approved by the Board and completed the course within the last two years prior to applying for licensure;
- \_\_\_ Applicant must submit evidence of a current and valid completion of a Basic Cardiac Life Support (CPR) course for health care providers within the last two years prior to applying or renewing a license;
- \_\_\_ If your initial AEMT curriculum or training program was completed more than two years ago and you have maintained licensure at the AEMT level, you must submit documentation verifying completion of an AEMT refresher program taught by an approved EMS curriculum provider within the past two years and successfully completing the cognitive and psychomotor examinations. If your initial AEMT curriculum or training program was completed more than two years ago and you never gained state licensure at the AEMT level, you must complete the most current AEMT National Standard Curriculum developed by the NHTSA, U.S. Department of Transportation, taught by an approved EMS curriculum provider or an AEMT curriculum or training program approved by a U.S. state or territory that meets or exceeds the most current National Standard Curriculum for AEMT developed by NHTSA, for its licensing or certification requirement approved by the Board and complete the cognitive and psychomotor examinations.

**Emergency Medical Technician - Paramedic (EMT-P) Check List:**

- \_\_\_ Application;
- \_\_\_ 2x2 photo taken within six months from date of application;
- \_\_\_ Non-refundable application fee of \$100 (payable to “CNMI Treasurer”)
- \_\_\_ Notarized/certified copy of completion of high school or GED;
- \_\_\_ Copy of current and valid CNMI driver’s license and police clearance;
- \_\_\_ Curriculum Vitae;
- \_\_\_ A current certification from NREMT as an NREMT-P; or
- \_\_\_ A valid, active license or certification from a U.S. state or territory to practice as an EMT-P; or
- \_\_\_ A certificate showing successful completion of the most current EMT - Paramedic National Standard Curriculum developed by the NHTSA, U.S. Department of Transportation, taught by an approved EMS curriculum provider and completed the course within the last two years prior to applying for licensure; or
- \_\_\_ A certificate showing successful completion of an EMT-P curriculum or training program approved by a U.S. state or territory that meets or exceeds the most current National Standard Curriculum for EMT-P developed by NHTSA, for its licensing or certification requirement approved by the Board and completed the course within the last two years prior to applying for licensure;
- \_\_\_ Applicant must submit evidence of a current and valid completion of a Basic Cardiac Life Support (CPR) course for health care providers within the last two years prior to applying or renewing a license;
- \_\_\_ If your initial EMT-P curriculum or training program was completed more than two years ago and you have maintained licensure at the EMT-P level, you must submit documentation verifying completion of an EMT-P refresher program taught by an approved EMS curriculum provider within the past two years and successfully completing the cognitive and psychomotor examinations. If your initial EMT-P curriculum or training program was completed more than two years ago and you never gained state licensure at the EMT-P level, you must complete the entire most current EMT-Paramedic National Standard Curriculum developed by the NHTSA, U.S. Department of Transportation, taught by an approved EMS curriculum provider or an EMT-P curriculum or training program approved by a U.S. state or territory that meets or exceeds the most current National Standard Curriculum for EMT-P developed by NHTSA, for its licensing or certification requirement approved by the Board and complete the cognitive and psychomotor examinations.

**-Schedule of Fees**

Application fee	\$100
Initial license fee	\$100
Renewal fee	\$100
Delinquent fee (charged every 1 <sup>st</sup> of the month after expiration date)	\$25
Replacement/Duplication of license	\$75
Replacement/Duplication of wallet size card	\$25
Letter of Good Standing/Verification fee	\$25



Commonwealth of the Northern Mariana Islands  
**HEALTH CARE PROFESSIONS LICENSING BOARD**  
 P.O. Box 502078, Bldg., 11925 Pohnpei Court  
 Capitol Hill, Saipan, MP 96950  
 Tel No: (670) 664-4809 Fax: (670) 664-4814  
 Email: info@cnmilicensing.gov.mp  
 Website: www.cnmilicensing.gov.mp

Attach a recent 2x2 ID photo here taken within 6 months of the application.

**APPLICATION FOR EMS LICENSE**

<input type="checkbox"/> Initial	<input type="checkbox"/> Endorsement	<input type="checkbox"/> Temporary
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<b>HCPLB STAFF USE ONLY</b>
Date Received:

Type of License Applying for:

<input type="checkbox"/> EMR	<input type="checkbox"/> EMT	<input type="checkbox"/> AEMT	<input type="checkbox"/> EMT-P
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**APPLICATION INFORMATION – Please Type or Print**

<b>1.</b> Last:	First:	Middle:	<b>2.</b> Social Security No:
<b>3.</b> Birthdate: (Mo/Day/Yr)	<b>4.</b> Color of Eyes: Color of Hair:	<b>5.</b> Height: Weight:	<b>6.</b> Sex:
<b>7.</b> Mailing Address:		<b>8.</b> Email Address:	
<b>9.</b> Residence Address:		<b>10.</b> Phone No: (W): (H):	
<b>11.</b> NPI # (if available):	<b>12.</b> Specialty:	<b>13.</b> Citizenship: ___ U.S. ___ Other Specify:	

**14. NREMT Certification:** (attach copy of card)

<input type="checkbox"/> NREMT-FR	<input type="checkbox"/> NREMT-B	<input type="checkbox"/> NRAEMT	<input type="checkbox"/> NREMT-P
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**15. U.S. Department of Transportation's NHTSA Courses Completed:** (within the last two years)

Course(s) Name	Date Completed

**16. Cognitive and Psychomotor Examinations Completed:** (within the last two years)

Course(s) Name	Date Completed

**17. CPR, Basic Life Support and/or Advanced Life Support Courses Completed:** (within the last two years)

Course(s) Name	Date Completed

**18. EDUCATION – (Provide an original, notarized, or certified copy of your degree/certificate)**

Name of Schools	Location (City/State or Country)	Degree Earned	Dates (Mo/Yr)	
			From	To

**19. LICENSES – (List of all jurisdictions where you are licensed or applied for a license.)**

Name of Jurisdiction	Date Issued	Expiration Date	License Number	Current Status

**20. Type or Present Primary EMS Affiliation:**

<input type="checkbox"/> Ambulance Service	<input type="checkbox"/> CNMI EMS	<input type="checkbox"/> Other
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**21. Name/Address of Intended Employment within the CNMI:**


*If you answer "yes" for any of items 21-33 you must attach a detailed explanation on a separate sheet, which includes state or country where action is pending or took place, relevant dates, action taken and reasons for such action. (Include Findings of Fact, Conclusion of Law, Final Order and whether you have been reinstated. If reinstated, date and conditions of license.)*

22. Have you ever been charged with, or been found to have committed dishonorable, unprofessional conduct, negligence, incompetence, misconduct, or repeated negligent acts by any licensing board or other agency?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
23. Has any licensing board, other agency, or disciplinary authority refused to issue you a license, renew your license, suspended, revoked, accepted surrender of your license, placed on probation, or conditioned your license, held by you now or previously, or ever fined or otherwise disciplined you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
24. Is there any ongoing or pending investigation against you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
25. Is there any disciplinary action pending against you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
26. Has your ability to practice as an EMS personnel in a competent and safe manner ever been impaired or limited by any condition, behavior, impairment, or limitation of a physical, mental, or emotional nature?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
27. Have you used or are you currently using any chemical substance(s), legal or illegal, that in any way impaired or limited, or is currently impairing or limiting, your ability to practice EMS in a safe and competent manner?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
28. Have you been enrolled in, required to enter, or participated in any drug or alcohol recovery program or impaired practitioner program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
29. Have you been treated for or had a recurrence or a diagnosed addictive disorder?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
30. Have you ever been diagnosed with a neurological or other physical condition that would impair your ability to practice EMS safely?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
31. Do you have any other condition in which in any way impairs or limits your ability to practice EMS safely?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
32. Have you ever been found guilty, pleaded guilty, no contest, or nolo contendere to a crime involving moral turpitude or crime related to the EMS profession, or felony in any court?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
33. Is there any criminal action pending against you in any court?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
34. Are you required to register as a Sex Offender?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**35. DECLARATION:**

I hereby certify that I am the person herein named subscribing to this application. I have read the complete application, and I know the full content hereof. I declare that all of the information contained herein, and evidence or other credentials submitted herewith are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto or falsification or misrepresentation of credentials to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license to practice a health profession in the Commonwealth of the Northern Mariana Islands. I further certify that I have read and will abide by P.L. 15-105 and the HCPLB Regulations.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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*Please complete the application form and attach all original, certified, or notarized documents and a non-refundable application fee of \$100.00 (money order or cashier's check make payable to "CNMI Treasurer"). Do not send cash.*

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**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_ (print name), do hereby authorize a disclosure of records concerning myself to the Health Care Professions Licensing Board (HCPLB). This release includes records of a public, private or confidential nature.

I acknowledge that the information released to the HCPLB may include material that is protected by federal and/or state laws applicable to substance abuse and mental health information. If applicable, I specifically authorize the release of confidential information to and from the HCPLB relating to substance abuse or dependence and/or mental health.

I further agree that the HCPLB may receive confidential information and records, including, but not limited to the following records:

- Medical Records
- Education Records
- Personnel or employment records, including records of any remedial, probationary, disciplinary, or any other adverse information contained in those records.
- Post-graduate training (internship, residency, and fellowship) records, including records or any remedial, probationary, disciplinary, or any other adverse information contained in those records.
- Any information the HCPLB deems reasonably necessary for the purposes set forth in this release.

**Release of Liability:**

I do hereby irrevocably and unconditionally release, covenant not to sue, and forever discharge any person or entity, including but not limited to any medical school, residency or fellowship training program, hospital, health care provider, health care facility, licensing board, impaired practitioner program, agency, or organization, which releases information to the HCPLB pursuant to this release from any liability, claim, or cause of action arising out of the release of such information. I further irrevocably and unconditionally release, covenant not to sue, and forever discharge the HCPLB, the Commonwealth of the Northern Mariana Islands, and its employees and agents from any liability, claim, or cause of action arising out of the collection or release of information pursuant to this release.

A photocopy of this release form will be valid as an original thereof, even though the photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this "Authorization to Release Information".

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**VERIFICATION OF LICENSE/CERTIFICATE – EMERGENCY MEDICAL SERVICES PERSONNEL**

**Health Care Professions Licensing Board, Commonwealth of the Northern Mariana Islands**

Name (First-Middle)	(Last)	Social Security No.
Address (Include apt. no. city, state, and zip code)		License/certificate No.:
		Date Issued:
<p>I hereby authorize the licensing agency of the state or county of _____ to furnish the information below to the Commonwealth of the Northern Mariana Islands, Health Care Professions Licensing Board (HCPLB).</p> <p>Date: _____ Signature: _____</p>		

This is to certify that the above-names individual was issued license/certificate number:			
To practice as an:		EMR	
		EMT	
		AEMT	
		EMT-Paramedic	
		Other:	
Date issued:			
Date license/certificate expires:			
License status:		Current	
		Lapsed since:	
		Inactive since:	
Has this certificate ever been encumbered in any way (revoked, suspended, surrendered, limited, placed on probation, currently pending disciplinary action, being investigated)?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do your file contain any derogatory information on this applicant?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>(Please explain "Yes" response below)</i>			

Signature: _____ Title: _____ State: _____ Date: _____	<b>BOARD SEAL</b>
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**TO THE BOARD: Return this form directly to: HCPLB, P.O. Box 502078, Saipan, MP 96950**



## VERIFICATION OF NATIONAL REGISTRY CERTIFICATE

**TO THE APPLICANT:** You are required to have the attached form completed by the NREMT.

Complete the APPLICANT section and mail to:

NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS  
*(Attn: Executive Director)*  
 P.O. BOX 29233  
 Columbus, OH 43229

Name (First-Middle)	(Last)	Social Security No.
Address (Include apt. no. city, state, and zip code)		License/certificate No.:
		Date Issued:
I authorize the NREMT to indicate on this form if there is any previous or pending disciplinary action against my certificate		
Date:		Signature:

This is to certify that the above-named individual was issued an NREMT certificate:						
NREMT Certificate Type:						
Certificate No.:						
Issued on:						
Expires on:						
Status of Certificate	<input type="checkbox"/>	Current				
	<input type="checkbox"/>	Suspended				
	<input type="checkbox"/>	Revoked				
	<input type="checkbox"/>	Other (specify):				
Has this certificate ever been encumbered in any way (revoked, suspended, surrendered, limited, placed on probation, currently pending disciplinary action, being investigated)?		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 30px; text-align: center;">Yes</td> <td style="width: 30px; text-align: center;">No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No					
<input type="checkbox"/>	<input type="checkbox"/>					
<i>(Explain a "Yes" response)</i>						

Signature: _____ Title: _____ State: _____ Date: _____	BOARD SEAL
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**TO THE BOARD: Return this form directly to: HCPLB, P.O. Box 502078, Saipan, MP 96950**