



Iowa Department of Public Health  
Bureau of Emergency and Trauma Services

**Change of Iowa EMS Certification Status Application**

Instructions:

Please complete this application in its entirety to change your current active Iowa EMS certification to an Inactive Status in accordance with IAC 641-131.6(1)h. Submit the completed application to:

Iowa Department of Public Health  
Bureau of Emergency and Trauma Services  
321 East 12<sup>th</sup> Street  
Des Moines, Iowa 50319

Failure to provide a completed application may delay your request. Once the application for an inactive certification status has been received it will be processed and if approved your current active Iowa EMS certification will be changed to an inactive status. An inactive Iowa EMS certification may be reactivated in accordance with IAC 641-131.6(4).

**Applicant Information**

Last Name:	First Name:	MI:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Mailing Address:

City:	State:	Zip Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Area Code and Phone Number:

Email Address:

I request that the following Iowa EMS certification status be changed from active to inactive:



Iowa Department of Public Health  
Bureau of Emergency and Trauma Services

**Affirmation Questions:**

Please respond to each of the questions below by marking either “Yes” or “No”

1. During the previous licensing period, did you develop a medical condition, which in any way impairs or limits your ability to perform the duties of this profession? Medical Condition means any physiological, mental, or psychological condition, impairment, or disorder, including drug addiction and alcoholism.  Yes  No

*If yes, provide a description of your condition and submit a letter from a physician stating how your condition will affect your ability to perform the duties of this profession.*

2. During the previous licensing period, did you engage in the illegal or improper use of drugs or other chemical substances?  Yes  No

*If yes, provide a statement and a copy of relevant documentation including records from a physician or treatment program.*

3. During the previous licensing period, were you convicted of a misdemeanor or felony crime? (You do not need to answer yes if your sole conviction or convictions are for minor traffic violations with fines under \$250). In answering this question, note that a conviction means a finding, plea, or verdict of guilt made or returned in a criminal proceeding, even if the adjudication of guilt is deferred, withheld, or not entered. This means you must answer yes if a finding or verdict of guilt was returned against you in a criminal proceeding or if you plead guilty, entered a plea of nolo contendere, or entered an Alford plea in a criminal proceeding, even if the court expunged the matter or the court deferred judgment. You must submit the complaint and judgment of conviction for each offense.  Yes  No

*If yes, include the date, location, charging orders, court disposition, and current status (i.e. probation) for each charge.*

4. During the previous licensing period, did any state or other jurisdiction of the United States or any other nation limit, restrict, warn, censure, place on probation, suspend, revoke, or otherwise discipline a professional license, permit, registration, or certification issued to you?  Yes  No

*If yes, include the date, location, reason, and resolution.*

5. During the previous licensing period, were there judgments or settlements paid on your behalf as a result of a professional liability case?  Yes  No

*If yes, include the date, location, reason, and resolution.*

6. During the previous licensing period, did you have a license, permit, registration, or certification denied, suspended, revoked, or otherwise disciplined by a certification body?  Yes  No

*If yes, provide a description of the circumstances.*

I hereby certify that the information provided on this application form is true and correct to the best of my knowledge. I understand that providing false or misleading information may result in the denial, probation, suspension, or revocation of my certification(s). I also understand that I am required to update answers or information submitted herewith if the response or the information changes. In submitting this application, I consent to any reasonable inquiry that may be necessary to verify or clarify the information I have provided on or in conjunction with this application.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date