Emergency Medical Technician License Verification Form
Advanced EMT, EMT Paramedic and Paramedic Technician Program Admission Requirement

Student Name: _________________________________________________     ID: ________________________________

Phone: ________________________________     Email: ________________________________

Address: ____________________________________________________________________________

____________________________________________________________________________________

Campus: Ashland    New Richmond    Rice Lake        Superior  
(circle one) 

Do you have a current National Registry of Emergency Medical Technicians (NREMT) certification?
☐ Yes - Expiration Date: _______ /_______ /_______  
☐ No

Do you have a Wisconsin Emergency Medical Technician (EMT) license?
☐ Yes - Exp. Date: _______ /_______ /_______  
☐ No - If no, list date of your Application for the Wisconsin EMT Basic Licensure: _______ /_______ /_______  
If no, what state are you licensed? ________________________________

If you answered yes to both questions, you must submit a printed copy of your current valid Wisconsin License and National Registry. For Wisconsin, the current copy can be printed from the web. National Registry documentation should be copied from the National Registry documents you received in the mail. Expired documents will not be accepted. If you answered “no” to one or both questions, in the space below write your plans on how you will be obtaining the certification/license and attach documentation for review by WITC’s Paramedic Specialist.
____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Student Signature: _______________________________________________  Date: ________________

☐ If the student answered yes to both questions above and provided valid documentation as requested above, they meet basic license requirements. Attach proof of licensure and scan with this form into the student record. No further action required.

☐ If the student answered no to one or both questions above and/or they cannot submit the appropriate documentation, they do not meet the admission requirement at this time. Scan this form with any forms submitted and email to Linda Avery-Patz, WITC Paramedic Specialist. Linda will review the license information; complete the bottom section of this form, notify the student, and return this form to Student Services.

Counselor: _____________________________________________ Date: _______________________

Date: _______________________   EMT License Verification Review Decision: ☐ Approved    ☐ Denied

Signature of WITC Paramedic Specialist: _____________________________________________ 
Linda Avery-Patz, WITC Paramedic Specialist
Emergency Services Division Office Use Only

EMT License Review Decision Notes

Student Name: ___________________________________________ ID: ________________________

________________________________________ Ashland New Richmond Rice Lake Superior
Counselor Name Circle One

Progress Notes: _____________________________________________________________________
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