

Instructions to apply for License/Certification on CT e-license

Step one – register to create an eLicense user account

- Go to www.elicense.ct.gov and click on “Register”. If you already have a license or certification in the state of CT (example: EMR, PTN, RN, etc), do not re-register.

The screenshot shows the 'Access Your Account' form with fields for User ID and Password, and a 'Log In' button. The 'Register' link is circled in red. A yellow callout box on the right contains the following text:

If you already have a license or certification in the state of CT, login using the information supplied to you the last time you renewed such license or certification. If you have forgotten your user ID or password, please utilize the password and user id recovery tools.

- On the next screen, select “Individual”, and “No” if this is your first time using the E-License system, then click “Next”.

The screenshot shows the 'Register new Account' page. The 'Individual' radio button is selected. The question 'Has the Individual or Business ever had any prior Licensing interaction(s) with any of the following State agencies: Public Health, Consumer Protection, Agriculture, Early Childhood, or Board of Accountancy?' has the 'No' radio button circled in red.

- Complete all information in the form and click **“Create Account”**.

Registration

HOME MY ACCOUNT ONLINE SERVICES ▾

Registration

Account Information * denotes required fields

*User ID

*Email

*Password

Confirm Password

Personal Information

*First Name

Middle Name

*Last Name

Registration

Public Address Same as Public Address

Attention

Address

Address Line 2

City

State

Country

Zip

Phone Number

Cell Phone

Mailing Address

Attention

Address

Address Line 2

City

State

Country

Zip

Phone Number

Cell Phone

Secret Questions

Secret Question 1 Answer 1

Secret Question 2 Answer 2

Secret Question 3 Answer 3

Captcha Verification

Please note that this code is case sensitive.

Enter Code*

0:00 / 0:09

Create Account

- Once complete you will see the screen below, which directs you check for a verification email

User ID changed successfully.

⚠ There is currently 1 issue with your account.
Please resolve it before going further.

Your email address has not been verified. If you have not yet received an email to do this, please follow the instructions below.

| | | |
|-----------------|---|--------------------------------|
| User ID: | dph.test | Change User ID |
| E-mail: | dph.emslicensingandrenewal@ct.gov Your account or new email address has not yet been verified. You have been sent a verification email by the system to your email address of record. You may have to check your SPAM filter. Click on the link provided in the email. Once clicked you will be returned to your account and provided access. If you have not yet received the email, you may click the below button labeled "Generate E-mail" and a new one will be sent to you. Please note: When you click the "Generate E-mail" button any older verification emails will be invalid. Ensure that you click the link in the most recently received email. | Change Email |

[Generate E-mail](#)

- Open verification email and click the link contained in it.

This message is intended to verify the email address on file for you in the State of Connecticut's eLicensing website and to allow you to use the other online functionality.

To complete the process, please click the hyperlink below if it appears in your email program. If it does not appear as a hyperlink please read the instructions below.

[Click here](#)

If a hyperlink does not appear above, then please copy the following text into your web browser's address bar (all the text below must be put in as a single line with no spaces)

<https://www.elicense.ct.gov/Account/VerifyEmail.aspx?guid=5ed30704-11dc-48e0-b728-07dc2374bd92&email=dph.emslicensingandrenewal@ct.gov>

- Once link is clicked, a browser window will open and you will see this screen:

Your e-mail address has now been verified. The Online Services link allows you to navigate our site by selecting the appropriate transaction you wish to accomplish. Online Services is located at top and bottom of this screen.

| | | |
|----------------------------|---|--------------------------------|
| User ID: | dph.test | Change User ID |
| E-mail: | dph.emslicensingandrenewal@ct.gov | Change Email |
| Password: | Change Password | |
| Security Questions: | Change Security Questions | |

Now you're ready to login into eLicense and complete your application!

Step two – create, complete and submit your application

This is important as it enables OEMS to track your exam results

- Browse to the [eLicense homepage](#) and click on “New Application”.

More Online Services

| | | |
|---------------------------------|--|---------------------------------|
| Activities | License Lookup & Download | Account |
| New Application | Lookup a License Generate Roster(s) | Account Details |

- Select “Emergency Medical Services”.

Apply for new licenses

Below are all current License types available for online application.

Please select "Start" for the license you wish to apply from the following list:

| | |
|--|---|
| Public Health Practitioners | ▼ |
| Drug Control | ▼ |
| Medical Marijuana | ▼ |
| Food Permits | ▼ |
| Real Estate & Appraisal | ▼ |
| Weights & Measures | ▼ |
| Charities & Solicitation | ▼ |
| Bedding Permits | ▼ |
| Public Service Utility | ▼ |
| Professional Trades | ▼ |
| Gaming | ▼ |
| Liquor Control | ▼ |
| Home Contractors | ▼ |
| Amusement Permits | ▼ |
| Emergency Medical Services | ▼ |
| Miscellaneous Trades | ▼ |
| Occupational Trades | ▼ |

- Select “Start”.

Emergency Medical Services

| Board | License |
|-----------------------|--------------------------------------|
| Start | Office of Emergency Medical Services |
| | Emergency Medical Technician |

- Fill in your demographic information (any fields with a red “*” are required)

Emergency Medical Technician

Demographic Information

Fields marked with an asterisk * are required.

1. First Name
* Field required

2. Middle Initial

3. Last Name
* Field required

4. Maiden Name

5. Social Security Number
*

6. Race
* - select one -

7. Please provide your Date of Birth
* (MM/DD/YYYY) Today

8. Gender
* - select one -

9. Ethnicity: Please choose one
* - select one -

10. Please attach a recent photo of the applicant.

No document(s) uploaded for this question.

Select a document to upload:
 No file chosen

* File types accepted: bmp, doc, docx, fsd, htm, jpeg, jpg, mlt, msg, pdf, png, rtf, tif, tiff, txt, vsd, x

IMPORTANT!! If, at any time, you need to exit your application BEFORE you are finished, click the "Close and Save" button. This will save your work so far in order to go back in at a later time.

- Once complete select “Next”.

Previous

- On this screen, if you took a course in the state of Connecticut, select “Exam” from the dropdown list, then click “Next”.

Emergency Medical Technician

Basis of Certification

Please select a basis for certification.

Please note the following definitions:

Endorsement: Select this basis if you are certified in your profession in any other U.S. state and you are currently certified by the National Registry of Emergency Medical Technicians.

Exam: Select this basis if you completed training provided by a Connecticut EMS-Instructor and have taken, or plan to take, the certification examinations.

11. Please select a basis of certification based on the definitions above.

Exam

Previous Next

Close and Save

- On the next screen, answer all questions, and upload any documentation you feel will help OEMS to determine your eligibility, then click **“Next”**.

Emergency Medical Technician

Professional History

Fields marked with an asterisk * are required.

12. Have you ever been censured, disciplined, dismissed or expelled from, had admissions monitored or restricted, had privileges limited, suspended or terminated, been put on probation, or been requested to resign or withdraw from any of the following: Any hospital, nursing home, clinic, or similar institution; Any health maintenance organization, professional partnership, corporation, or similar health practice organization, either private or public; Any professional school, clinical clerkship, internship, externship, preceptorship; or postgraduate training program; Any third party reimbursement program, whether governmental or private?

* Yes No

13. Have you ever had your membership in or certification by any professional society or association suspended or revoked for reasons related to professional practice?

* Yes No

14. Has any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, limited, restricted, suspended or revoked any professional license, certificate, or registration granted to you, or imposed a fine or reprimand, or taken any other disciplinary action against you?

* Yes No

15. Have you ever entered into, or do you currently have pending, a consent agreement of any kind, whether oral or written, with any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, any branch of the armed services or a foreign jurisdiction?

* Yes No

Emergency Medical Technician

Professional History

16. Have you ever, in anticipation or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any professional license, certificate or registration issued to you by any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction?

* Yes No

17. Have you ever been subject to, or do you currently have pending, any complaint, investigation, charge, or disciplinary action by any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction or any disciplinary board/committee of any branch of the armed services? You need not report any complaints dismissed as without merit?

* Yes No

18. Have you ever been found guilty or convicted as a result of an act which constitutes a felony under the laws of this state, federal law or the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state?

Yes No

19. Provide details regarding any question(s) above that you may have answered affirmatively.

20. Please upload any documents you feel will assist the Department with the review of your affirmative response(s).

No document(s) uploaded for this question.

Select a document to upload:

No file chosen

File types accepted: bmp, doc, docx, fsd, htm, jpeg, jpg, mlht, msg, pdf, png, rtf, tif, tiff, txt, vsd, xls, xlsx, xml

The next section is important as it is how OEMS will verify your training.

- Complete all information, then click “Next”.

Emergency Medical Technician

Training Course Information

Please enter the training course you completed that qualifies you for this certification.

21. Please enter your primary course instructor's first name:

22. Please enter your primary course instructor's last name:

23. Enter the town in which the majority of the training occurred:

24. Connecticut OEMS course approval number (please ask your instructor for this number):

25. Date Course Completed

Previous Next Close and Save

- These next 2 sections are the practical and NREMT examination sections.

- If you have completed both exams, answer “Yes” to question #26, and complete both mandatory sections, then click “Next”. If you leave any fields blank, **your application will remain incomplete and will not be processed by OEMS.**
- If you have not completed both exams, answer “No” and click “Next” on both screens.

Emergency Medical Technician

Examination

Fields marked with an asterisk * are required.

26. Did you successfully complete the Connecticut approved state practical examination?

27. Please enter the date you passed the approved practical examination (if unsure, please estimate)

28. Did you successfully complete the National Registry of Emergency Medical Technicians' written examination?

29. Please enter the date you passed the NREMT examination (if unsure, please estimate):

Previous Next Close and Save

Emergency Medical Technician

National Registry of Emergency Medical Technicians Certification

30. Are you now, or have you ever been, certified by the National Registry of Emergency Medical Technicians?

Yes No

31. NREMT Certification Number

32. NREMT Certification Expiration Date:

(MM/DD/YYYY) Today

Previous Next Close and Save

- If you have ever been certified in any state or territory, you will need to complete the Verification of EMS License/Certification Form, which is available on the [EMT Certification by Examination page](#) of the OEMS website.

Emergency Medical Technician

Other State Certification

33. Are you now, or have you ever been, licensed, certified or registered as an EMS provider in any state or territory? If yes, list all states or territories by selecting the ADD button.

| Action | State | Disciplinary Action |
|------------------|-------|---------------------|
| No Records Found | | |

Add

Previous Next Close and Save

- If you are currently affiliated with an EMS organization (volunteer, employed, etc), enter that information by clicking “Add” for a list of EMS organizations to choose from.

Emergency Medical Technician

Connecticut EMS Service Affiliation

34. Click ADD to search for the service you will be affiliated with.

If you are affiliated with more than one service, please enter only the service where you will devote most of your time.

| Action | Supervisor | Status | RelationshipType |
|------------------|------------|--------|------------------|
| No Records Found | | | |

Add

Previous Next Close and Save

- By entering today’s date you are formally signing your application, and attesting that all information is true and correct under penalties of perjury.

Emergency Medical Technician

Attestation

Fields marked with an asterisk * are required.

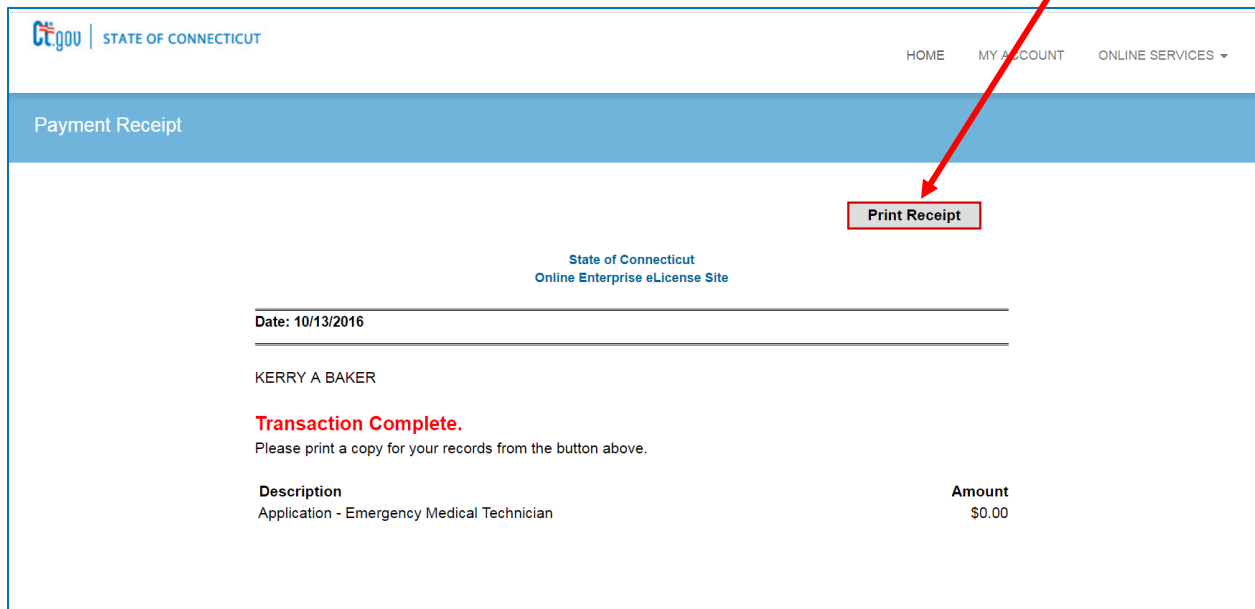
35. I attest that the information provided by me in this application is true in every respect and that the photograph uploaded is a true picture of me. I understand that a person is guilty of false statement in the second degree when a person intentionally makes a false written statement under oath or pursuant to a form bearing notice, authorized by law, to the effect that false statements made therein are punishable, which he/she does not believe to be true and which statement is intended to mislead a public servant in the performance of his/her official function. A false statement in the second degree is a class A misdemeanor. By entering a date below, I attest that all information entered by me is true and accurate.

* (MM/DD/YYYY) Today

Previous Next Close and Save

- By clicking “Next” you will be sent to a review screen, where you have the ability to make any changes prior to submitting your application.

- Once you review your application and click “**Finish**” in the review screen, your application is submitted. The application can be printed for your records by clicking “**Print Receipt**”.



Your application is now complete.

The processing time for EMS Provider applications is 4-6 weeks.

This 4-6 week processing time begins when OEMS has received *all the documentation necessary for processing.*