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DO NOT STAPLE

INSTRUCTIONS:

- 1. Complete this application. (fields outlined in red are required.)
2. Print a copy for notarization by clicking the "print form" button at the bottom of this form.

Return completed application and fee to:

CT DPH, Paramedic Application Processing, 410 Capitol Ave., MS# 12APP, PO Box 340308, Hartford, CT 06134

Form with fields for personal information (Name, MI, Last Name, Maiden Name, Social Security number), contact information (Email, Mailing address, City, State, Zip Code, Telephone, Cell Number), and professional history (Race, Licensing, Work experience, Professional history questions).