

Wyoming OEMS Temporary Emergency License Application

The applicant for a Wyoming Temporary Emergency License shall complete this form and submit it to the Wyoming OEMS. All licensees must provide current state license/certification and BLS/ACLS cards. Use additional forms as necessary. All applicants are responsible for requesting a Temporary Emergency License prior to providing any patient care.

Authorization for recognition of EMS personnel is requested for the following emergency medical personnel assigned to the incident. The identified applicant (s) will provide emergency medical and health care services for the incident.

1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Full Name	License/Cert Level	State	License #	Expiration Date
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Full Name	License/Cert Level	State	License #	Expiration Date
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Full Name	License/Cert Level	State	License #	Expiration Date
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Full Name	License/Cert Level	State	License #	Expiration Date
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Full Name	License/Cert Level	State	License #	Expiration Date
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Full Name	License/Cert Level	State	License #	Expiration Date

The above individual(s) will be assigned to the incident beginning: (Date).

The location of this incident is:

I attest that the state EMS license information of the above applicant (s) is/are valid. (A NREMT card does not meet this requirement.)

<input type="text"/>	<input type="text"/>	<input type="text"/>
Applicant Name -Print	Applicant Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number	Fax Number	E-Mail Address

Please indicate the preferred route of contact for communications from the Wyoming OEMS:

Phone Fax E-Mail Other