

Iowa Department of Public Health  
Bureau of Emergency Medical and Trauma Services  
321 East 12<sup>th</sup> Street  
Des Moines, Iowa 50319  
(515) 281-0620 or (800) 728-3367

APPLICATION FOR THE IOWA CRITICAL CARE PARAMEDIC (CCP) ENDORSEMENT

**TO BE COMPLETED BY THE TRAINING PROGRAM:**

Date Program Requirements Completed

/   /

Course Location

The Iowa Paramedic identified below has completed all training program requirements outlined in Iowa Administrative Code 641--139 and is eligible for the Critical Care Paramedic endorsement.

\_\_\_\_\_  
Signature of Training Program Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Training Program Official

**TO BE COMPLETED BY THE CANDIDATE:**

Last Name

First Name

MI

Home Mailing Address

City

State

Zip Code

Sex

Male  Female

Date of Birth

/   /

Age

Home Phone Number

-    -

Iowa EMS Paramedic Certification Number

Current Expiration Date

/   /

<OVER>

APPLICATION FOR THE IOWA CRITICAL CARE PARAMEDIC (CCP) ENDORSEMENT

**OTHER QUESTIONS:**

Please respond to each question listed below by marking either “Yes” or “No”:

Yes

No

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. Since your last certification period have you developed a medical condition which in any way impairs or limits your ability to provide emergency medical care? “Medical condition” means any physiological, mental, or psychological condition, impairment, or disorder, including drug addiction and alcoholism. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Since your last certification period have you engaged in the illegal or improper use of drugs or other chemical substances?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Since your last certification period have you been convicted of, found guilty of, or entered a plea of no contest to a felony or misdemeanor crime? (other than minor traffic violations with fines under \$250)? You must answer “yes” even if the matter was expunged from the record.                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Since your last certification period has any state or other jurisdiction of the United States or any other nation ever limited, restricted, warned, censured, placed on probation, suspended, revoked, or otherwise disciplined a license issued to you?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Since your last certification period have you been sued in connection with your emergency medical functions in this or any other state?   | <input type="checkbox"/> | <input type="checkbox"/> |

NOTE: Has documentation previously been provided to the Bureau of EMS for any “YES” answer(s) above?

Yes

No

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