

INSTRUCTIONS FOR COMPLETING THE ARKANSAS LICENSURE / RENEWAL SCAN FORM APPLICATION

The Section of EMS makes use of a scan form application. **It is mandatory that you complete both sides of the scan form and return it with your renewal material(s).**

The following information is provided to assist you in completing your scan form:

- Use pencil or ink pen (black or blue only). **DO NOT** use felt tip pens as they bleed through the form and invalidate the other side of the scan form.
- Fill in the letters or numbers above each section as appropriate. Then darken the corresponding bubble. If you make a mistake, you may correct it with “white-out.”
- Complete only those sections mentioned below.
- Complete **both** sides of the form.
- **DO NOT FOLD THE FORM!** Return it, along with the rest of your materials, Use a large envelope with the mailing label that is provided.
- **Please skip spaces between words; abbreviations, and numbers in street or mailing addresses. Be sure to darken the oval below the blank space between words.**
- **For Advanced Renewal: Your medical director’s signature on the scan form is required.** Do not send separate letter.

Complete the following sections:

Front of Bubble form

- Has your name changed since your last licensure? (Yes or no) **Do not skip!!!!**
- Last name
- Date of birth
- First name
- Gender
- Middle initial (MI)
- EMT license #
- Level of education
- Home phone
- Ethnic origin
- Work phone
- Licensure level
- Type of application
- EMS affiliation service name with number (if applicable) can be checked at (www.healthy.arkansas.gov/ems)
- Course # (leave blank for renewal)

Back of Bubble form

- Has your address changed since your last certification? (Yes or no) **Do not skip!!!!!!**
 - Street address
 - City
 - State
 - Zip code
 - Social security number
 - Driver’s License Number
 - Out of country (if applicable)
 - Residence county: (see attached county codes)
 - Arkansas driver’s license number
 - Personal history questions (answer all)
- **Applicant’s signature** – Be sure to **SIGN AND DATE YOUR FORM.**
 - **Medical Director’s Signature (required for Advanced EMTs and Paramedics.)**