STATE OF IOWA DEPARTMENT OF Health and Human Services

Extension of an Iowa EMS Certification

Instructions:

Please complete this application in its entirety to request a 45-day extension of an active lowa EMS certification to complete the continuing education requirements for renewal in accordance with IAC 641-131.6(3).

Submit the completed application and the \$50 extension application fee to: Iowa Department of Health and Human Services Bureau of Emergency Medical and Trauma Services

321 East 12th Street Des Moines, Iowa 50319

Failure to provide a completed application and application fee may delay your request. Once the application request and application fee for an extension of certification has been received it will be processed and if approved a 45-day extension of your current active Iowa EMS certification may be granted.

Applicant Information			
Last Name:	First Name:		MI:
Home Mailing Address:			
City:	State:	Zip Code:	
Area Code and Phone Number:			
Email Address:			
Current Active Iowa EMS Certification:			

Extension of Iowa EMS Certification Requirements

- The Extension of Iowa EMS Certification Application request and fee must be received by the Department at least 7-days prior to your Iowa certification expiration date, but no more than 90-days prior to the certification expiration date.
- If the request for extension to complete the continuing education requirements for renewal is approved:
 - An Iowa EMS certification with a March 31 expiration date will be extended to May 15th
 - An Iowa EMS certification with a September 30 expiration date will be extended to November 14th
 - All required continuing education for renewal must be completed by the 45th day of the approved extension.
 - A completed audit form for the certification period being renewed and the affirmative renewal of certification application must be completed and received along with any required renewal fee by the Department by the 45th day of the approved extension.
- Continuing education completed during the approved extension period may not be used in the subsequent renewal period.

Verification Statement

By submitting this application and application fee I am requesting a onetime 45-day extension to the expiration date of my current active Iowa EMS certification. This request is necessary to complete the continuing education requirements for renewal of my Iowa EMS certification. This request for extension of my Iowa EMS certification is being made in accordance with IAC 641-131.6(3). I understand that I must meet the Extension of Iowa EMS Certification requirements listed above and failure to meet the listed requirements may result in my Iowa EMS certification being placed in an inactive status. I understand that I will not be able to function as an Iowa EMS provider with an inactive certification status. I understand that in order to reactive my Iowa EMS certification I will need to complete the reactivation process as outlined in IAC 641-131.6(4) Reactivation of an inactive certification.

Applicant's Signature

Date