



REGISTRATION FOR EMERGENCY MEDICAL SERVICES (EMS) PROVIDER USING EMS COMPACT PRIVILEGE TO PRACTICE (PTP)

State Form 9900414 (R00 / 4-26)



INSTRUCTIONS:

- This application is for individuals wishing to work in Indiana under their active Privilege to Practice (PTP) from another EMS Compact State.
 - Applicants wishing to use their PTP must have an affiliating Indiana state certified EMS organization, and that organization's medical director approval to receive authorization to practice in Indiana.
- Applicants must apply and obtain an Indiana Public Safety Identification (PSID) Number before this application is completed and submitted. PSID application for this can be found on the IDHS website: <https://www.in.gov/dhs/ems/individual-certifications/>.
 - It typically takes 24-48 business hours for a PSID number to be generated.
- Complete this application and email it to EMSCertifications@dhs.in.gov.
- Once this application is processed, the applicant will see the recognition of privilege to practice appear on their ACADIS portal. Once this appears it means the applicant is authorized by the Indiana Department of Homeland Security EMS Division to practice under their specific certification/licensure status using their PTP from another EMS Compact State.

Which EMS certification/licensure do you hold a Privilege to Practice (PTP):		Indiana Public Safety Identification (PSID) Number:	
<input type="checkbox"/> Emergency Medical Technician <input type="checkbox"/> Advanced Emergency Medical Technician <input type="checkbox"/> Paramedic			
APPLICANT INFORMATION			
Name of EMS applicant:			
Driver's License Number:	Date of Birth:	Age:	E-mail Address:
Address (number and street, city, state and ZIP code):			Telephone number: ()
Have you ever been charged or convicted of a crime that has not been expunged by a court? (Excluding minor traffic violations)			<input type="checkbox"/> Yes <input type="checkbox"/> No
For military personnel only: Have you ever been the subject of a court martial or a non-judicial punishment?			<input type="checkbox"/> Yes <input type="checkbox"/> No
What state does your Privilege to Practice originate:		National EMS ID Number (12 Digit Number):	
INDIANA ORGANIZATION AFFIAITION INFORMATION			
Name of Indiana State certified EMS provider organization:		Provider Organization Certification Number:	
Provider Organization Address:			Phone Number:
Signature of Organization Medical Director:			Date:
Printed Name of Organization Medical Director:			
Signature of Organization Director/CEO:			Date:
Printed Name of Organization Director/CEO:			
Incomplete registrations will not be accepted or processed			