

# Application for Reinstatement or Removal of Restrictions

## Instructions:

This application is for individuals seeking reinstatement of their EMS certification or requesting the removal of restrictions imposed through an enforcement action.

- Complete all sections of this form.
- Attach required supporting documentation.
- Submit to OEMS Compliance Division at [compliance.oems@state.mn.us](mailto:compliance.oems@state.mn.us).

## SECTION 1: APPLICANT INFORMATION

|                  |  |               |  |
|------------------|--|---------------|--|
| Full Name:       |  | Other Names:  |  |
| OEMS Number:     |  | OEMS Level:   |  |
| Date of Birth:   |  | Phone Number: |  |
| Mailing Address: |  |               |  |
| Email:           |  |               |  |

## SECTION 2: ACTION DETAILS

What action was taken on your certification? (Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Denial of Licensure | <input type="checkbox"/> Refusal to Renew                |
| <input type="checkbox"/> Revocation          | <input type="checkbox"/> Restrictions/Conditions Imposed |
| <input type="checkbox"/> Suspension          | <input type="checkbox"/> Other (Explain): _____          |

Date Action Taken: \_\_\_\_\_

Have you previously applied for reinstatement?

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Date: \_\_\_\_\_

### SECTION 3: COMPLIANCE & REINSTATEMENT ELIGIBILITY

Have you met all conditions outlined in your enforcement action?

Yes (Attach supporting documentation)

No (Explain below)

Explain how you have fulfilled the terms of your enforcement agreement, order, or determination.  
(Attach additional pages if needed.)

If you were required to complete any of the following, please provide documentation:

Training/Education (Attach certificates of completion)

Written Report (Attach report)

Substance Use or Psychological Evaluations (Attach documentation)

Date of Evaluation: \_\_\_\_\_

Name of Evaluator: \_\_\_\_\_

Supervised Practice (Attach verification letter)

Name of Supervisor: \_\_\_\_\_

Probation Reports (Attach most recent reports)

Name of Probation Agent: \_\_\_\_\_

Discharge from Probation (Attach court discharge)

Supervisor Reports (Attach most recent reports)

HPSP Evaluation and/or participation (Attach successful completion documentation)

Quarterly Compliance Reports (Attach most recent reports)

Other: \_\_\_\_\_

## SECTION 4: PERSONAL STATEMENT

In your own words, explain why you are seeking reinstatement or removal of restrictions and how you have addressed any issues that led to the enforcement action. Attach additional pages if needed.

## SECTION 5: EMPLOYMENT & PROFESSIONAL HISTORY

Are you currently employed in an EMS-related position?

Yes

Employer(s): \_\_\_\_\_

No

Have you applied for or held EMS certification in another state since your enforcement action?

Yes

State(s): \_\_\_\_\_

No

If **yes**, have you been subject to any disciplinary action in that state?

Yes (Explain below)

Explain: \_\_\_\_\_

No

## SECTION 6: ACKNOWLEDGMENT & SIGNATURE

By signing below, I affirm that the information provided in this application is true and complete to the best of my knowledge. I understand that providing false or misleading information may result in further disciplinary action.

I acknowledge that **submitting this application does not guarantee reinstatement or removal of restrictions**, and OEMS may request additional documentation or conduct further review before making a determination.

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Applicant Signature

Date

### SUBMISSION INFORMATION

When complete, submit via email or mail by using the contact information below.

- **Email:** [compliance.oems@state.mn.us](mailto:compliance.oems@state.mn.us)
- **Mailing Address:** OEMS Compliance, 335 Randolph Avenue, Saint Paul, MN 55102

For questions about this application, contact the **OEMS Compliance Division** at **(651) 201-2805**.