



NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DEPARTMENT OF HEALTH SERVICE REGULATION  
OFFICE OF EMERGENCY MEDICAL SERVICES

1201 Umstead Drive | 2707 Mail Service Center | Raleigh, NC 27699-2707 | Phone: (919) 855-3935 | Fax: (919) 733-7021

## LEGAL RECOGNITION INSTRUCTIONS

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Applicants currently holding EMS credentials from other states, the National Registry of Emergency Medical Technicians (NREMT), the Association of Public Safety Communications Officials (APCO), PowerPhone or the International Academies of Emergency Dispatchers (IAED) may be issued a North Carolina EMS credential through legal recognition. Before an applicant is issued a North Carolina credential, they will have to meet one of the following eligibility requirements: (1) they must currently reside in North Carolina, (2) be currently enrolled in an EMS educational program in North Carolina, or (3) work for a licensed North Carolina EMS provider.

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### APPLICANT RESPONSIBILITIES:

- Register with the North Carolina Office of Emergency Medical Services (NCOEMS) by successfully completing an online profile in the Credentialing Information System (CIS). SEE INSTRUCTIONS BELOW, **DO NOT** register for a new CIS Profile if you are currently or have previously been credentialed in North Carolina. If you currently hold a North Carolina issued EMS credential, you may only apply for legal recognition at a higher or lower EMS credentialing level.
- Complete the Application, Verification Form, and any other requested forms.
- Submit to a National Criminal History Review (if applicable). SEE INSTRUCTIONS BELOW FOR LESS THAN FIVE (5) YEARS RESIDENCY
- Submit a legible copy of the NREMT, IAED, APCO, PowerPhone or State Credential used to apply for Legal Recognition.
- Submit a letter of affiliation with a Licensed North Carolina EMS Service if the applicant lives outside of North Carolina. If you reside in North Carolina you must submit a copy of your North Carolina Driver's license.
- Provide additional information as requested, which may include any applicable fees.

### STEPS FOR CREATING A CIS PROFILE:

1. Log on to: <https://cis.emspic.org/CIS/Public> to access the CIS Public Site.
2. Select "North Carolina" and click "Enter Public CIS".
3. In the white box on the left of the screen, select "Profile" and then "Register to Use CIS".
4. You will be prompted to enter your Primary Information, Phone Numbers, Demographics, and also select a Password. Click "Save", which is located at the bottom, right-hand side of the information box. This will generate a CIS Login ID, or 'P-number', which will be your User ID for future log in to CIS.
5. After you have created your profile, log into CIS using your CIS User ID (P-number), and the password that you selected.
6. In the white box on the left of the screen, select "Profile" and then "Request Legal Recognition".

### SOUTH CAROLINA OR WEST VIRGINIA RESIDENTS:

If you are applying from South Carolina or West Virginia and already have a CIS Profile, please perform the following steps:

1. Log in to CIS as you normally do. Once your profile is up, select "new" in the lower right hand corner. Once this is completed, you will be prompted to select a state in which to create a new profile. Select "North Carolina" and "save".
2. You will need to log out of your SC or WV profile and log back into CIS under North Carolina (your password will not change).
3. Once you have logged into CIS under North Carolina, you will need to access your profile button on the left. After you have opened your profile, click on "Request Legal Recognition" and complete the request. Once your information has been added, click "save". When you have completed these steps, you may log out of CIS.

### LESS THAN FIVE (5) YEARS RESIDENCY:

- Pursuant to NCGS 131E-159, any applicant who has not resided in North Carolina for the past five consecutive years, will be required to complete a national background check. Applicants requiring a national background check will be required to submit to electronic fingerprinting or submit a legible fingerprint card.
- There is a \$38.00 processing fee which may be paid either by check/money order or electronically via the applicant's CIS profile. Payment by check or money order should be made payable to the Division of Health Service Regulation and mailed to the NCOEMS, 2707 Mail Service Center, Raleigh, NC 27699-2707. If the applicant wishes to pay this processing fee electronically, he or she may do so upon receipt of email confirmation from NCOEMS that the applicant's education has been approved. The electronic payment option can be found on the legal recognition details page in CIS. The applicant will be responsible for any vendor associated processing fees. ***Electronic charges will appear on the applicant's credit/bank statement as North Carolina division of Health Service Regulation.***

Upon receipt of the completed application and verification form, along with any other requested information, the North Carolina Office of EMS will begin processing an applicant's information. Applicants requiring a national background check should expect a longer delay in the application process. When all requirements are met and legal recognition is granted, applicants will be issued an equivalent North Carolina credential with an expiration date that matches the state or National Registry credential used to obtain legal recognition. The expiration date will not exceed four (4) years.



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**APPLICATION FOR EMERGENCY MEDICAL SERVICES CREDENTIAL**

**APPLICANT INFORMATION**

Credential Level: \_\_\_\_\_ EMS ID (P-Number): \_\_\_\_\_ Sex: \_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: XXX-XX-\_\_\_\_\_

Name: \_\_\_\_\_ Maiden / Other Name (s): \_\_\_\_\_  
(Last) (First) (Middle)

Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip code)

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**APPLICANT BACKGROUND INFORMATION**

- Have you, under this or any other name, EVER been arrested, charged, convicted of, pled guilty or no contest to, or received a deferred sentence for a misdemeanor or felony in this or any other state or nation, or while serving in the Armed Forces? **If yes, list offenses, including year and verdict, below. Please list all aliases including maiden name used.** **NO YES**

**NOTE:** Please be reminded that any citations, arrests, charges, or convictions dealing with misdemeanors or felonies that have been dismissed or are still in a pending status, should be listed on this form.

DATE	OFFENSE	OUTCOME/VERDICT/SENTENCE	UNDER WHAT NAME

- Have you ever been required by North Carolina Office of Emergency Medical Services to undergo a criminal background history check requiring fingerprinting and a \$38 processing fee?  
NO YES If yes, when? \_\_\_\_\_
- Have you EVER been or are you currently the subject of an investigation and/or had any disciplinary action taken against you in connection with the performance of health care-related activities in this or any other state or nation?  
NO YES

If yes, document where you are, or have been, certified, licensed, registered, or credentialed as a health care provider.

\_\_\_\_\_ Credentialing/Licensing Body \_\_\_\_\_ Action Taken

- Do you now, or have you at any time during the past five (5) years, resided out of the state of North Carolina?  
NO YES If yes, where? \_\_\_\_\_
- Are you now or have you ever been required to register on the Sex Offender Registry in this or any other state or nation?  
NO YES If yes, where? \_\_\_\_\_

I hereby certify that the information provided in this form is true and complete to the best of my knowledge, information and belief. Furthermore, I understand that I am NOT considered as North Carolina credentialed EMS personnel until such time as I have successfully completed ALL credentialing requirements. I also understand that I am solely responsible to ensure my credentialing/re-credentialing requirements are completed. I further understand that if I function as North Carolina credentialed EMS personnel without a valid North Carolina EMS credential, I am in violation of North Carolina Administrative Code and I may be subject to criminal, civil, or other disciplinary action. I authorize investigation of all statements contained herein, and understand that misrepresentation or omission of facts called for is cause for denial of the application for credentialing or revocation of the credential.

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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**AUTHORITY FOR RELEASE OF INFORMATION**

National Record Check

I authorize the North Carolina Department of Public Safety through the State Bureau of Investigation, Special Operations Division, to perform a fingerprint search of the State's criminal history record file and a fingerprint search of the Federal Bureau of Investigation's files for a national criminal history record check in connection with my application with the Division of Health Service Regulation pursuant to NCGS § 143B-952. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.

*(Print or Type legibly or this form will be returned)*

_____	_____	_____	_____
Last Name	First Name	Middle Name	Maiden/Other Name
_____	_____	_____	_____
Social Security# (required)	Date of Birth	Sex	Race

I understand that the North Carolina State Bureau of Investigation, Special Operations Division, and its officials and employees shall not be held legally accountable in any way for providing this information to the above named Agency, and I hereby release said Agency and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that the Agency cannot provide a hard copy of the results of this criminal history check to me.

\*Disclosure of social security number is required to complete a background check through the Department of Health and Human Services pursuant to NCGS § 75-62 (b)(4). Use of social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.

_____	_____
Applicant's/Employee's Signature	Date

The fingerprint card must be accompanied with a transmittal letter from the Authorized Official or applicant requesting Criminal History Record information. This request form must be kept on file for one (1) year.

ORI #DHSREMS00 – DIVISION OF HEALTH SERVICE REGULATION - EMS NATIONAL FINGERPRINT CARD CHECK- \$38.00  
*(NOTE: Check or money order should be made payable to the Division of Health Service Regulation. Do not send cash. This is a non-refundable processing fee. An electronic payment option is also available on your CIS profile legal recognition details page.)*



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**LEGAL RECOGNITION VERIFICATION FORM**

Applicants that are applying with an International Academies of Emergency Dispatch (IAED), an Association of Public Safety Communications Officials (APCO), PowerPhone or National Registry of Emergency Medical Technicians (NREMT), may choose to submit their acknowledgment letter supplied by the aforementioned organizations in lieu of completing this verification form.

The North Carolina Office of Emergency Medical Services requires a letter of good standing or completion of this form based on certification received from your state/entity. Please verify the EMS personnel status on the identified applicant below, and provide additional information as requested. Thank you for your assistance. **This form will not be accepted without an official seal from the credentialing agency.**

**TO BE COMPLETED BY APPLICANT**

Applicant's Name: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

Social Security #: XXX-XX- Certificate #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**TO BE COMPLETED BY STATE OFFICIAL OR CREDENTIALING AGENCY REPRESENTATIVE**

1. Name of State and Agency completing this form: \_\_\_\_\_

2. Is the applicant currently credentialed or licensed in your state?  NO  YES

3. To your knowledge, has the applicant ever been convicted of a felony, misdemeanor, or been disciplined by your agency?  NO  YES  
*If YES, please describe the results of your investigation.*

\_\_\_\_\_

\_\_\_\_\_

4. Has this applicant ever disclosed a Criminal History?  NO  YES  
*If YES, please explain.*

\_\_\_\_\_

\_\_\_\_\_

5. Has your state ever granted reciprocity to this applicant before?  NO  YES  
*If YES, from what state or National Registry, and what date?*

\_\_\_\_\_

\_\_\_\_\_

6. Do you recommend granting reciprocity to this applicant?  NO  YES  
*If NO, please explain.*

\_\_\_\_\_

\_\_\_\_\_

**PERSON COMPLETING THIS QUESTIONNAIRE (please stamp with official seal):**

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

**The credentialing agency completing this form should submit the completed form to:**  
 North Carolina Office of Emergency Medical Services | Attn: Legal Recognition  
 1201 Umstead Drive | 2707 Mail Service Center | Raleigh, NC 27699-2707