



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

**Idaho EMS Bureau**

Consent to Shorten Certification Cycle Time Acknowledgement Form  
EMS Provider or Agency Request

I, \_\_\_\_\_ do request and consent to shortening my allowable EMS recertification cycle time to realign my Idaho EMS recertification date. The certification level I am voluntarily shortening is \_\_\_\_\_ certificate # \_\_\_\_\_, the highest level of current EMS certification I hold in Idaho.

However, by shortening my certification period, I acknowledge that the same recertification requirements are in place, had I not chosen to shorten my time frame. When presenting documents for recertification after this shortened cycle, all continuing education hours must be complete prior to the expiration date on the newly issued EMS certification card.

I agree to return any and all Idaho EMS certification cards I hold prior to receiving my new EMS certification card with the effective shortened certification cycle.

Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

Signature \_\_\_\_\_

City, State, Zip \_\_\_\_\_

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Acknowledged by Affiliating EMS Agency

Agency Name \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

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Approved By Regional Consultant EMS Region # \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_