



911 Public Safety Telecommunicator Initial/Original Certificate Application

This form is incorporated by reference in rule 64J-3.001

TYPE or PRINT in CAPITAL LETTERS (Please read instructions carefully before completing. All sections of this application are required to be completed unless otherwise noted. Omissions will delay processing.)

Please return completed application along with your nonrefundable check for \$ 50 to:

Florida Department of Health
Bureau of EMS/911 Emergency Dispatcher Program
4052 Bald Cypress Way C-18
Tallahassee FL 32399

A. Applicant information

_____ / ____ / ____			
Last Name	First Name	Middle Initial	Date of Birth
Mailing Address		City	State Zip Code
Day time phone # (____) _____		Home phone # (____) _____	Email (optional) _____

B. Experience and Education:

Have the employer certify the length of time you spent in supervised full-time employment as a 911 Public Safety Telecommunicator since January 1, 2002, on the Employer Certification Attachment (see Page 3). If certification from more than one employer is required, make additional copies of the Employer Certification Attachment for each employer to execute and attach those to this application.

If the total certified length of time is less than 36 months in total, please attach a certificate or Diploma resulting from at least 232 hours of training from a State approved training program or an educational institution under the supervision of the Department of Education conducting the most recently approved 911 public safety telecommunicator courses that adhere to the curriculum framework approved by the Department of Education July 2010. Proof of education is not required if the total certified length of time is equal to or greater than 36 ~~60~~ months.

IMPORTANT!!! IF THE TOTAL CERTIFIED LENGTH OF TIME IS NOT AT LEAST 36 ~~60~~ MONTHS YOU MUST DOCUMENT THE ABOVE LISTED EDUCATION. IF YOU CANNOT DO SO YOU CANNOT QUALIFY FOR THIS CERTIFICATION UNDER ANY CIRCUMSTANCE. PLEASE DO NOT APPLY. IF YOU DO SO ANYWAY YOUR APPLICATION SHALL BE DENIED AND THE APPLICATION FEE WILL NOT BE REFUNDED.

C. Public Records exemption

Exemption from public records: Your responses in filling out this form are a public record. That means that any one can request a copy of your filled out form. However we will not supply your home address, telephone number, photograph, and place of employment if you are an active or former member of law enforcement, a firefighter certified in compliance §633.35 or the spouse or child thereof. There are similar exemptions for **judges** and **others**. **However we will not know you have an exemption unless you tell us.** If you have questions about this, please review §119.07, F.S., and, in particular, subsection 4 [§119.07(4), F.S.]. Additional information, including answers to frequently asked questions may be had through the Office of the Attorney General of the State of Florida’s website, <http://myfloridalegal.com>. Click on “open government” that will get you to an abridged version of the “Government in the Sunshine Manual.” For general information on this subject, the Attorney Generals’ telephone number is 850.245.0157.

- I am an active or former member of law enforcement,
- I am a firefighter certified in compliance with § 633.35
- I qualify under another exemption from the Public Records laws. Identify the exemption and your basis for qualification for the exemption:

D. STATEMENT: I _____ am the person referred to in this application; All statements contained herein and in any attachments hereto are true, correct and complete; I am free from addiction to alcohol and I am free from any controlled substance; and, I am free to perform any physical or mental defect or disease that might impair my ability to perform my duties consistent with the certification applied for.

PERFORM ONE OF THE FOLLOWING:

(1) Under penalties of perjury, I declare that I have read the foregoing **STATEMENT** and the facts stated in it are true.

Signature _____ Date: _____

OR [REQUIRES ADMINISTRATION OF AN OATH UPON YOU BY A PERSON AUTHORIZED TO ADMINISTER OATHS SUCH AS A NOTARY PUBLIC].

(2) SIGNATURE _____ DATE _____

STATE OF _____

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, _____ 20____ ,

by _____ (name of person making statement).

Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known OR Produced Identification

Type of Identification Produced _____

Contact Information:

Applications, Application Questions, Change of Address, Copies of Laws and Rules, General Questions, Recertification questions.

Bureau of EMS/ Public Safety Telecommunicator Program:

Phone: (850) 245-4440
Fax: (850) 488-2512
Website: www.fl-ems.com
E-mail: EMS_Operations@doh.state.fl.us

Please make certified check, money order, or agency check payable to the **Florida Department of Health**
No personal checks will be accepted

Mailing address for application and fees:

**Florida Department of Health
Bureau of EMS/911 Public Safety Telecommunicator Program
4052 Bald Cypress Way Bin C-18
Tallahassee, FL 32399-1738**

Employer Certification Attachment (Make copies of this page as needed for additional Employers)

1. Full legal name of Employing Agency: _____

2. Name, Title, Bus. Address and Bus. Telephone Number of Employer Representative:

Last Name	First Name	Middle Initial
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Employer Representative Title

Mailing Address	City	State	Zip Code
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Day time phone # (____) _____ Email (optional) _____

3. Employer Representative has been authorized by Employer to make the following statements:

Applicant was or is in Supervised Full Time Employment by the Employer as a 911 Public Safety Telecommunicator from ____/____/____ to ____/____/____.
mm/dd/yyyy mm/dd/yyyy

Employer Representative Signature: _____ Date _____

APPLICANT'S NAME: _____

APPLICANT'S NAME DURING EMPLOYMENT IF DIFFERENT: _____

DEFINITIONS

"911 public safety telecommunicator " means a public safety dispatcher or 911 operator whose duties and responsibilities include:

1. The answering, receiving, transferring, and dispatching functions related to 911 calls;
2. Dispatching law enforcement officers, fire rescue services, emergency medical services, and other public safety services to the scene of an emergency;
3. Providing real-time information from federal, state, and local crime databases; or
4. Supervising or serving as the command officer to a person or persons having such duties and responsibilities.

However, the term does not include administrative support personnel, including, but not limited to, those whose primary duties and responsibilities are in accounting, purchasing, legal, and personnel.

"Employment" means engaged in the service of another for salary or wages subject to withholding, FICA or other lawful deductions.

"Full Time" means a position that exclusively performs the duties and responsibilities of a 911 public safety telecommunicator and occupies an entire Full Time Equivalency (FTE) position for the employer.

"Supervised" means overseen during the execution of duties as a 911 emergency dispatcher.

"Supervising or Serving as the Command Officer" means engaging in direct or secondary, but not tertiary, supervision of one or more 911 emergency dispatchers in their performance of actions 1-3 as listed in the definition of 911 emergency dispatcher.

"Providing real-time information" means doing so as part of a 24/7/365 program to law enforcement officers while dispatched to or on the scene of an incident.