



## 911 Emergency Dispatcher Initial/Original Certificate Application

**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 \$75 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 Emergency Dispatcher 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 equal to or more than 24 months and less than 60 months in total, please attach a certificate or Diploma resulting from at least 208 hours of training from an educational institution under the supervision of the Department of Education conducting the most recently approved emergency dispatcher course of the Department of Education. Proof of education is not required if the total certified length of time is equal to or greater than 60 months.

**IMPORTANT!!! IF THE TOTAL CERTIFIED LENGTH OF TIME IS NOT AT LEAST 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.**

**IMPORTANT!! IF THE TOTAL CERTIFIED LENGTH OF TIME IS NOT AT LEAST 24 MONTHS 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 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 Ch. 119, F.S., and, in particular, §119.071(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:

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**D. OATH:** I, the undersigned, under penalty of perjury, state that I am the person referred to in this application for certification in the State of Florida, I understand that all I attest to in this application is subject to audit by the Department, and I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are *true, correct, complete, and made in good faith* and that: I am free from addiction to alcohol or any controlled substance; and I am free from any physical or mental defect or disease that might impair my ability to perform my duties consistent with the applied-for certification.

**MUST BE COMPLETED**

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

**Contact Information:**

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

**Bureau of EMS/ Dispatcher Program:**

Phone: (850) 245-4440  
Fax: (850) 488-2512  
Website: [www.fl-ems.com](http://www.fl-ems.com)  
E-mail: [EMS\\_DATA@doh.state.fl.us](mailto:EMS_DATA@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/Dispatcher 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

\_\_\_\_\_  
Employer Representative Title

\_\_\_\_\_  
Mailing Address City State Zip Code

\_\_\_\_\_  
Day time phone # (\_\_\_\_) Email (optional)

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

- a. Employer is a State Agency or Local Government
- b. Applicant was or is in Supervised Full Time Employment by the Employer as a 911 Emergency Dispatcher from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_.  
mm/dd/yyyy mm/dd/yyyy

**Under penalty of perjury, I certify that to the best of my knowledge and belief all of the statements contained in this Employer Certification are true, correct, complete, and made in good faith**

Employer Representative Signature: \_\_\_\_\_ Date \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

APPLICANT'S NAME DURING EMPLOYMENT IF DIFFERENT: \_\_\_\_\_

**DEFINITIONS**

**"911 emergency dispatcher"** means a person **employed** by a **state agency or local government** as a public safety dispatcher or 911 operator whose duties and responsibilities include:

- 1. Answering 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 emergency dispatcher and occupies an entire Full Time Equivalency (FTE) position for the employer.

**"State Agency or Local Government"** means any department of the executive branch of state government, and any city, county, municipal corporation, public district, or public authority located within this state.

**"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.