



APPLICATION FOR INSECT STING EMERGENCY TREATMENT CERTIFICATION

1. Initial Certification Renewal of Certificate # _____

2. Applicant Information

_____ (_____) _____
Last Name First Name Home Phone Number

_____ _____ _____ _____
Mailing Address City State Zip Code

Applicant Date of Birth _____ Social Security Number _____ - _____ - _____

3. Provide name, county, and phone number of employer, facility, or group where you expect to be responsible for another person who has severe adverse reactions to insect stings.

_____ (_____) _____
Name of entity County Phone Number

4. Certificate of Training

I certify that I, as a physician licensed pursuant to Chapters 458 or 459, F.S., have on this date, _____, conducted the training required by Section 64J-1.019, F.A.C., to the above-named individual so he/she may recognize the need for and administer a treatment of epinephrine via autoinjector to an individual in an emergency situation when a physician is not immediately available.

_____ _____
Print Physician's Name Physician's Signature

_____ _____
Florida Physician's License Number License Expiration Date

5. I certify: (a) I am 18 years of age or older; (b) have, or reasonably expect to have as a result of occupational or volunteer status responsibility for at least one person who has severe adverse reactions to insect stings; and (c) have successfully completed a minimum of 30 minutes of training conducted by a Florida Licensed physician.

_____ _____
Signature of Applicant Date

_____ _____
Signature of Notary My commission expires
Subscribed before me, this date _____ (seal)

____ Personally know or ____ produced identification

Type of identification produced: _____

For Office Use Only	Yes	No	
Form Complete	<input type="checkbox"/>	<input type="checkbox"/>	Certificate # issued _____
Fee	<input type="checkbox"/>	<input type="checkbox"/>	

Application Completion Instructions

General Information

Requirements for certification:

The requirements for initial certification and certificate renewal are the same. You must:

- Be 18 years of age or older;
- Have or reasonably expect to have as a result of occupation or volunteer status, responsibility for at least one other person who has severe adverse reactions to insect stings; and
- Successfully complete, within the previous 2 years, a training program that meets the requirements listed below.

Training Requirements:

You must successfully complete a 30-minute training program conducted by a physician licensed in Florida pursuant to Chapter 458 or 459, F.S. The training program must include:

- Definition of anaphylaxis;
- Agents which might cause anaphylaxis and the distinction between them, including insect stings, drugs, food and inhalants;
- Recognition of symptoms of anaphylaxis;
- Appropriate emergency treatment of anaphylaxis as a result of insect stings; and
- Use of a method of administration of epinephrine, i.e. autoinjector, as a result of insect stings.

Certificates expire on December 1 of odd numbered years, i.e., 2001, 2003. You will be sent a renewal application prior to that date.

Form Completion Instruction This form is used whether you are applying for or renewing an Insect Sting Treatment Certificate. Print clearly in ink or type your responses.

1. Indicate whether this application is for an initial certification or renewal of an existing certification.
2. Include your name and mailing address.
3. Indicate the name, county, and phone number of the employer, facility, or group where you expect to be responsible for another person who has severe adverse reactions to insect stings.
4. Certificate of Training- This section of the application is completed by the Florida-licensed physician who provided training related to the administration of epinephrine in accordance with s. 381.88, Florida Statutes.
5. This section of the application is completed by the applicant. Your signature must be notarized.

Fee Information

Fee- The fee for certification or certification renewal is \$25. Payment must be made by money order or cashier's check. **Do not pay by personal check. Fees are non-refundable.**

Application Submission

Submit form and fee to:

Bureau of Emergency Medical Services
4052 Bald Cypress Way, Mail Bin C-18
Tallahassee, FL 32399-1738