

## North Carolina EMS Agency/Institution Renewal Process- Out of State Residents

All North Carolina EMS credentials may be renewed within 90 days of the expiration date as listed in the ESO System. It is also strongly recommended the individual begin the renewal process at least 60 days prior to the date of expiration. Doing so will allow ample time for the background check material to be received, processed, and completed.

**Per 10A NCAC 13P .0511(b) out of state residents and those who haven't lived in NC for the past 5 years have to do a federal fingerprint check for initial credentialing and renewal.**

Out of state residents due for renewal shall not be renewed until their national background check is completed, reviewed and authorization to renew has been received by the Agency/Institution point of contact as noted in the fingerprint packet for renewals (Provided below). The only exception allowed under .0511(c) is if an individual had a federal check completed **by OEMS** in the last 12 months.

To submit a renewal fingerprint packet:

1. Go to your local law enforcement office and request to be fingerprinted with an FD-258 fingerprint card
2. The applicant must complete and sign the Authority for Release form
3. Submit a check or money order in the amount of \$38.00 made out to Division of Health Service Regulation. **Do not send cash. This is a non-refundable processing fee.**
4. Include a note that states:
  - a. Fingerprints are for renewal.
  - b. If the background and AOC checks are clear and the individual can be renewed, please notify Captain Smith at [John.Smith@abcems.gov](mailto:John.Smith@abcems.gov).
  - c. This will allow our Compliance staff to notify appropriate point of contact once the background checks are completed.
5. Submit the information to:

NC Office of EMS  
**ATTENTION: COMPLIANCE UNIT – FINGERPRINT CHECK**  
2707 Mail Service Center  
Raleigh, North Carolina 27699-2707

If you have any questions or concerns regarding this process, please call the Compliance Unit at (919)855-3935 for further assistance.

6. Once our Compliance staff notifies the appropriate point of contact the background check is completed, the individual may be renewed.



**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

**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.

*(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.)*