

Application for New York State EMT Reciprocity

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services

A. PERSONAL DATA									
1. Name	Last	First	M.I.	2. Date of Birth	Mo.	Day	Yr.		
3. Mailing Address (street, city, state, zip)									
4. Social Security Number			5. Home Phone ()		Work Phone ()				
B. TRAINING/CERTIFICATION – Please attach photocopies of state certifications, CPR card and military training certificates.									
1. Name of Certifying Agency (state/military/registry)				2. Expiration Date		Mo.	Day	Yr.	
3. Certification/Registration/License Number				4. National Registry Number (if applicable)					
C. LEVEL OF TRAINING – Please attach photocopies of Certificates of Course Completion, etc.									
<input type="checkbox"/> EMT <input type="checkbox"/> Intermediate <input type="checkbox"/> Paramedic									
Please check one of the following:									
<input type="checkbox"/> I have never held any level of New York State EMS Certification.									
<input type="checkbox"/> I previously held a New York State Certification. My EMT # was: _____									
<input type="checkbox"/> I currently hold a New York State Certification. My EMT # is: _____									
D. MOST RECENT CERTIFICATION INFORMATION									
1. Name of Institution			City	State	Date of Course Completion		Mo.	Day	Yr.
1. Name of Instructor					Number of Course Hours				
E. PERSONAL AFFIRMATION									
Read carefully before signing									
<p>I affirm that in accordance with the requirements of 10 NYCRR 800, I have NOT been convicted of any misdemeanors or felonies. I understand that if I have a conviction it will be individually reviewed and that any such conviction may not be an automatic bar to certification. The Department of Health will determine if the conviction is applicable under the provisions of Part 800.</p> <p style="text-align: center;">Do not sign this if you have any convictions.</p> <p>I hereby certify that all of the information contained in this application is true and correct and that the signature below is mine as applicant. I further understand that offering or providing false information on this document may constitute a crime under the penal law and may subject any certification to revocation or other Department action.</p>									
_____ Applicant's Signature						_____ Date			
Notary Seal			Notary Signature, Affirmation & Date			Signature of Applicant			
Date			Mo./Day/Yr.						