

THIS SECTION TO BE COMPLETED BY THE APPLICANT. PLEASE TYPE OR NEATLY PRINT IN CAPITAL BLOCK LETTERS.

Home State or NREMT EMS ID Number _____ Social Security Number **XXX-XX-**_____
Name _____ Date of Birth _____
MM DD YY

THIS SECTION TO BE COMPLETED BY THE CURRENT CERTIFYING STATE EMS OFFICE.

Certification/Registration Number _____
Expiration Date of Current Certification _____ Date of Original Certification _____
MM DD YY MM DD YY

Was the applicant's original certification course based on more than 50% online or distributive learning of the cognitive objectives?

Yes No Unknown

If yes, what is the name of the school or program? _____

Date Completed Course _____
MM DD YY

Has applicant refreshed his/her certification in your state?

Yes No If yes, give date _____
MM DD YY

Has this person successfully completed a state or NREMT written and practical exams for certification within the last 18 months?

Yes No If yes, give date _____
MM DD YY

Was certification based on reciprocity from another state or U.S. military?

Yes No If yes, indicate state or which armed service _____

If yes, has this person completed training requirements or a refresher course since initial reciprocity?

Yes No If yes, give date _____
MM DD YY

Level of Certification Please check highest level certification currently held:

- EMR/CFR Course Met or Exceeded NHTSA 2009 Education Standards
- EMT Course Met or Exceeded NHTSA 2009 Education Standards
- AEMT Course Met or Exceeded NHTSA 2009 Education Standards
- Paramedic Course Met or Exceeded NHTSA 2009 Education Standards
- Other Please explain or attach copy of curriculum _____

Is there any reason that reciprocity should NOT be granted this person?

Yes No If yes, please explain on reverse side or include in separate document.

This is to verify that the above individual successfully completed a state-administered practical skills examination and written examination and is certified/registered/licensed in your state.

Signature _____ Date _____

Printed Name _____ Title _____

State _____ E-mail Address _____

**Please insert this original form in the envelope provided. Seal the envelope and sign across the back flap.
Mail envelope to applicant at the address provided on the front of the envelope.**