

**New York State Department of Health
Bureau of Emergency Medical Services**

Reciprocity Packet

Application and Instructions

For EMS Certification Based on
Out-of-State and Military EMS
Certification or Licensure



Reciprocity Unit
New York State Department of Health
Bureau of Emergency Medical Services
433 River Street, Suite 303
Troy, New York 12180-2299

Reciprocal Certification

The New York State Department of Health, Bureau of Emergency Medical Services considers granting reciprocal certification to individuals who hold certification from the fifty (50) states or from the District of Columbia. NYS does not at this time grant reciprocity to individuals who have obtained certification from other countries or the US Territories. Reciprocity means granting NYS certification based on certification from another state rather than taking a NYS original course to become certified. NYS recognizes EMT-Basic, EMT-Intermediate and EMT-Paramedic.

First Responder and First Aid certifications ARE NOT eligible for reciprocity.

THE FOLLOWING CRITERIA MUST BE MET IN ORDER TO BE ELIGIBLE FOR RECIPROCITY:

- a. The applicant is at least 18 years old.
- b. The applicant has not been convicted of any misdemeanors or felonies according to 10 NYCRR 800. (Title 10 of the Official Compilation of Codes, Rules and Regulations Part 800, see appendix)
- c. The applicant has successfully completed a course recognized or conducted by their home state EMS authority that meets or exceeds the current US Department of Transportation minimum standard curriculum for the level sought.
- d. The applicant has taken a state recognized or conducted practical skills examination within the past three years.
- e. The applicant has taken a state recognized or conducted written examination within the past three years.
- f. The applicant has received state certification or licensure from their home state EMS authority.
- g. The applicant provides proof of need for New York State certification such as one of the following:
 - New York State employment
 - New York State residence
 - Attending an educational institution in New York State
 - Completing clinical requirements as part of an advanced EMT program

Determining Your Eligibility for Reciprocity

Please use the following descriptions to determine eligibility for reciprocity and file the application packet accordingly.

Allied Healthcare Providers

The Bureau of EMS is **ONLY** able to grant reciprocity based on levels of **EMT certification or licensure** issued by another state. Reciprocity is not granted to allied health professionals unless they also hold state EMT certification or licensure. New York State licensed allied health professionals may be eligible for advanced standing in an advanced EMT course. This is **not** reciprocity.

Previously/Currently Certified in New York State

Applicants are not eligible to apply for reciprocity at a level for which they have previously been certified in NYS. Recertification **MUST** be obtained by completing the requirements of a NYS refresher course. This includes successfully passing the state practical skills examination and state written certification examination. Refresher course locations can be located by contacting a Course Sponsor or the Regional Council as listed on the following site:

<http://www.health.state.ny.us/nysdoh/ems/certification/reciprocity.htm>

Applicants who have held certification in New York State at one level and are now certified at a higher level may apply for reciprocity at the higher level of training as long as all previously stated requirements are met.

Bordering State/Refresher Reciprocity

If the applicant was previously certified or is currently certified in New York State and is applying from a state bordering New York, he/she may request refresher reciprocity by completing this packet. The bordering states' refresher requirements must meet or exceed those of New York State and must include a practical skills exam and a written exam within the past three years. There is no fee for processing this type of reciprocity.

Bordering states include **ONLY** the following:

Vermont, Massachusetts, Connecticut, New Jersey, Pennsylvania

National Registry of EMTs (NREMT)

The Bureau of EMS is unable to grant direct reciprocity for individuals who hold only National Registry status. Applicants who hold **only** National Registry status and no state issued certification or license, **MAY** be issued a letter allowing enrollment in a New York State approved refresher course, which includes a state practical and written exam, and upon successful completion of the course requirements be granted New York certification valid for 37 months.

Military Trained/National Park Services Affiliated

The Bureau of EMS may be able to grant reciprocity to a member or veteran of the United States military who received training from the Army, Navy, Air Force, Marines, Coast Guard, or to members of the National Park Services if the following conditions have occurred:

1. The training was completed within the last six (6) years,
2. Training was completed at a military branch medical training facility (Base, Post, Fort or Station) which has been identified to the Department of Health as the location for all training of military service medical personnel,
3. The training followed the US DOT EMT standard curriculum,
4. The applicant has submitted a certificate of completion from the specific branch of military service and documentation that the duty assignment was medical in nature and comparable to a civilian EMT (e.g. Army MOS 68W), and
5. Applicant has received registration from the National Registry (NREMT) after successful completion of practical skills and written examinations.

Applicants with Criminal Convictions

According to New York State regulations (10 NYCRR 800), if you have been convicted of any misdemeanors or felonies or are currently under charges for such a crime, the department reserves the right to deny you certification. Each situation is reviewed individually and a decision is made whether or not to allow applicants to become certified. If your application is falsified, your certification can be revoked and/or a civil penalty may be imposed. The following is an excerpt from policy statement 02-02, which can be found as an attachment to this document or at our web site at:

<http://www.health.state.ny.us/nysdoh/ems/pdf/02-02.pdf>

In accordance with the provisions of the State Emergency Medical Services (EMS) Code - Part 800; candidates for EMS certification or recertification must not have been convicted of certain misdemeanors or felonies. The Department of Health (DOH) will review all criminal convictions from any federal, military or state jurisdiction to determine if such convictions fall within the scope of those specified in Part 800, or represent a potential risk or danger to patients or the public at large.

The regulation does not prevent a candidate with a criminal conviction from attending and completing all of the requirements of an EMS course. However, it may prevent the candidates from becoming certified in New York State until DOH has reviewed the circumstances of the conviction(s) and made a determination that the candidate does not demonstrate a risk or danger to patients. If DOH makes such a determination, the candidate will be eligible to take the NYS practical and written certification examinations, if otherwise qualified. Applicants with such a record of charges, or who are uncertain of such charges against them should not sign the application form, but may submit the application for review and investigation. Candidates **WILL NOT** be permitted to take the NYS practical or

written certification until the background review and investigation is completed and a determination is made.

Returned Applications

Occasionally applicants send in reciprocity packets that are missing documents, application forms, filing fees, or other necessary information. If your application packet is returned to you for any reason, you will have 90 days from the receipt by DOH of your packet to correct any deficiencies and resubmit your packet for continued processing. Should you fail to submit required materials within the 90 day period your application fee will expire. If you wish to reapply, you will be required to resubmit your application with the normal first time filing fee. It is important for you to follow any instructions that may be included with a returned packet in order to minimize any delay in processing your reciprocity request.

Unrecognized Reciprocities

Reciprocity is not granted for any certification or license that was obtained by reciprocity. If the applicant was granted reciprocity by the state from which they are applying, the applicant must also have completed that state's refresher and/or training requirements, including a practical and written exam within the last three years.

Length of Certification

New York State generally issues certification for up to 37 months. For reciprocity applicants, the Bureau of EMS may issue certification for the time remaining on the applicant's current state certification or license as long as it does not exceed 37 months. If there is no expiration date listed on your current certification or license, NYS will grant a certification that will expire 37 months from the date of the applicant's last state practical and written exam.

Renewing / Refreshing Reciprocal Certification

Once an applicant has received reciprocity from NYS for out-of-state certification or license he/she can renew New York State certification by enrolling in and completing the requirements of a New York State refresher course.

Requesting a Reciprocity Application Packet

To receive an application and instructions for reciprocity from NYS, visit our web site at <http://www.health.state.ny.us/nysdoh/ems/certification/reciprocity.htm>

You may also contact the Reciprocity Unit at:
518-402-0996 Ext. 1&3

Or mail a request to:
New York State Department of Health
Bureau of EMS, Reciprocity Unit
433 River Street, Suite 303
Troy, NY 12180-2299

Please include your full name, current street address or PO Box, city, state and zip code and daytime phone number.

Guide to Applying for Reciprocal Certification in NYS

All the forms and information necessary for filing are included. Please read the following instructions and follow them carefully. Failure to correctly submit your packet as instructed may cause delays or denial of your application.

STEP #1 - Determine your eligibility for New York State reciprocity based on the information on Page 1 of this packet

The application MUST be returned notarized.

- STEP #2 - Fill out the form titled “**Application for New York State EMT Reciprocity**” DOH-2183 (03/03) found in this booklet. Complete all questions legibly and carefully read the Personal Affirmation Statement (shaded area). If the statement is true, it must be signed and dated. If it is not true do not sign and see section on criminal convictions. In addition you must sign the application in the lower right corner in the presence of a Notary.
- STEP #3 - Complete the top portion of the “**EMT Sheet for Reciprocity**” DOH-2177 (2/96)
PLEASE PRINT NEATLY IN BLOCK CAPITAL LETTERS ONE LETTER OR NUMBER IN EACH BOX.
- STEP #4 - Fill out the **TOP (unshaded)** portion of the form titled “**Verification of EMT Certification**”. Leave the shaded portion and the bottom sections blank. Send this form to the EMS office of the state where you are currently certified or licensed along with a self-addressed, stamped envelope (not provided in packet). The state EMS office will complete the middle portion of the form to verify your certification or licensure status and will return the form to **you** in the envelope you provided.
DO NOT OPEN THE ENVELOPE. Leave the envelope sealed, and send it with your completed application. ***Applicants who hold only National Registry status DO NOT need to send this form to National Registry. Complete only the top portion of the verification form and submit it to NYS DOH with the rest of your packet.***
- STEP #5 - Make photocopies of your state issued certification card or license and valid CPR provider card. If you have military training and National Registry status, include photocopies of your military medical training certificates and all pertinent documents with your application. These documents are required to process your request for reciprocity and will not be returned.
- DO NOT submit original documents**
- STEP #6 - The application filing fee must be in the form of a certified check, money order, or other form of guaranteed funds. The fee is \$25.00 for EMT and \$50.00 for all advanced EMT levels. The fee must be made payable to **New York State Department of Health** and is not refundable for any reason regardless of your application determination.

NO PERSONAL CHECKS or CASH WILL BE ACCEPTED

- Step #7- If you are a NYS resident, provide proof such as a copy of your NYS driver's license or a utility bill showing your address. If you are not a NYS resident, you must supply proof of your need for NYS certification such as an employment offer or an acceptance letter from an educational institution. If your circumstances are unique, submit a written statement indicating your need.
- STEP #8 - Review the checklist at the end of this booklet to be sure all required documentation has been included. Mail your completed application packet to the address at the bottom of the checklist. You may use the address provided at the end of the checklist as your mailing label by cutting it out and taping it to the outside of your mailing envelope.

You may wish to submit your packet by certified mail with a return receipt requested to ensure your packet is received by the NYS Bureau of EMS.

If you are not certain that you are eligible for reciprocity, please contact our Reciprocity Unit at (518) 402-0996 Ext. 1&3 or write to: Reciprocity Unit, New York State Department of Health, Bureau of Emergency Medical Services, 433 River Street, Suite 303, Troy NY 12180-2299

Fees for Reciprocity Applications

EMT- Basic level = **\$25.00**, EMT – Advanced levels = **\$50.00**

Certified Check or Money Order made payable to NYS Dept. of Health

No Personal Checks will be Accepted

Instructions for Completion of the EMT Sheet for Reciprocity

Each field on this form must be filled out legibly and accurately. Failure to do so may cause a delay in the processing of your application for reciprocity. Only **ONE** letter or number may be entered in each box of a given field.

YOU MUST CAPITALIZE EACH LETTER ON THIS FORM.

- EMT Number:** Leave this box **BLANK** unless you were issued a New York State EMT number in the past. If you did hold a NYS EMT number at some time in the past, please enter it as it appears on your certification card.
- Last Name & Suffix:** Enter your last name. If you use a suffix such as Jr., Sr., III, etc. skip one space after your last name and enter the suffix.
- First Name & Middle Initial:** Enter your first name, skip a space, and enter your middle initial.
- Address:** Enter your mailing address. You must include your house, apartment, or post office box number, the street name, and any other address information that is commonly used for your mail delivery.
- City:** Enter the city, village, or town for your mailing address.
- State:** Enter the state for your mailing address.
- Zip Code:** Enter the zip code for your mailing address.
- County:** Enter the first four (4) letters of the name of the COUNTY for your mailing address. NOTE: Manhattan is NEWY, Staten Island is RICH, Brooklyn is KING, and St. Lawrence is STLA. **If you live outside of New York State, you must enter OUTS.**
- Date of Birth:** Enter your date of birth. The date should be formatted as month/day/year (MM/DD/YY). Use zero (0) in front of single digits. [Example: February 6, 1960 would be entered as 02 06 60]
- Sex:** Enter F if you are a female or M if you are a male.
- Social Security Number:** Enter your Social Security Number.

Do not enter any information in any field on this form other than the fields listed above.

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> <p>_____</p> <p>Applicant's Signature Date</p>								
Notary Seal			Notary Signature, Affirmation & Date			Signature of Applicant		
						Date Mo./Day/Yr.		

Verification of EMT Certification

Applicant Must Complete this Section. Please type or neatly print in capital block letters.

Home State EMT ID Number: _____ Date of Birth: _____
Mo. Day Yr

Name: _____ Social Security Number: _____

Section to be completed by the current certifying State EMS Office

Certification / Registration Number: _____

Expiration Date of Current Certification: _____ Original Date of Certification: _____
Mo Day Yr Mo Day Yr

Has Applicant refreshed his/her Certification in Your State: Yes: ☐ No: ☐ Give Date: _____
Mo Day Yr

Has this person taken a state written and practical exam to recertify? Yes ☐ No ☐

Was Certification in Your State based on Reciprocity from another State or US 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, please indicate Date completed: _____
Mo Day Yr

Level of Certification – Please check highest level certification currently held

- ☐ Basic EMT course met or exceeded DOT standard
☐ EMT- Intermediate course met or exceeded DOT standard
☐ EMT-Paramedic course met or exceeded DOT standard
☐ 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.

Please indicate modules included in training:
Mast ☐ Defib ☐ IV ☐ ET ☐

Has this person ever applied for an Accommodation under ADA? Yes ☐ No ☐

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. The applicant completed the written examination by reading it and marking her/his own answer sheet.

SIGNATURE _____ PRINTED NAME _____
TITLE _____ STATE _____
DATE: _____ TELEPHONE NUMBER: _____

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.

New York State Bureau use ONLY

Verification by: Ph Fax Mail Web Log#: _____ Level: B I P Status: Grant Deny

Person Contacted: _____ Title: _____ Send: Card Ref Ltr

Reviewed by: _____ Completed on: _____ Exp Date: _____ EMT#: _____

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services

X

**EMT
Number**

--	--	--	--	--	--

Name

[illegible]

--	--	--	--	--	--	--	--	--

Name Change

7

Address[illegible]

City

[illegible]

State

e	
---	--

Zip

--	--	--	--	--

County

--	--	--	--

Date of Birth

--	--	--	--	--	--

Sex

8

Social Security #

--	--	--	--	--	--	--	--	--

Applicant- Do not write below this line

**Course
Number**

--	--	--	--	--	--

Category

--	--	--	--	--

Expiration
Date

n					
---	--	--	--	--	--

Month

Day

Year

State of Reciprocity

--	--

Card Request

7

Remarks

[illegible]

Before you mail your completed reciprocity packet, check to be sure you have included the items below: **Your Packet Will Be Returned if Incomplete!**

- ☐ 1 - Completed, signed* and notarized **Application for New York State EMT Reciprocity DOH-2183 (03/03)**. * See instructions for criminal convictions

- ➡ Personal data
- ➡ Training and certification or licensure information
- ➡ Level of training (the level at which you are currently certified)
- ➡ Initial training / recertification information
- ➡ Application must be signed* and dated
- ➡ Notary Public section must be completed

- ☐ 2 - Sealed envelope containing your **Verification of EMT Certification Form (DOH-2178)** returned to you by your certifying State certifying or licensing authority.

Applicants with National Registry status only must complete the top portion of the verification form and submit it to NYS DOH with your completed reciprocity application.

- ➡ You have completed top section.
- ➡ Mail Form DOH- 2178 to your state office with a self addressed stamped envelope.
- ➡ State returns verification envelope to YOU.
- ➡ Envelope is left SEALED and included in packet to the New York State EMS.

- ☐ 3 - Neatly filled out **EMT Sheet for Reciprocity DOH-2177 (2/96)**.

- ☐ 4 – Proof of need documentation. (see page 1 of Reciprocity Packet).

- ☐ 5- Photocopies of EMT certification or license and valid CPR card.
Military applicants please include photocopies of course completion certificates.

- ➡ Military personnel must include certificate of course completion and proof of military medic assignment orders or letter from CO

- ☐ 6- **Certified Check or Money Order** made payable to **NYS Department of Health**.

- ➡ \$25.00 for Basic EMT
- ➡ \$50.00 for Intermediate or Paramedic

PLEASE NOTE:

The filing fee is **NON-REFUNDABLE**

No personal checks accepted!

******Make Photocopies of all your application materials for your own records******

Put all your application items into a single envelope and mail to the address below.
(You may cut this out, tape it to your envelope, and use it as a label)

TO: **New York State Department of Health
Bureau of Emergency Medical Services
Reciprocity Unit
433 River Street, Suite 303
Troy, New York 12180-2299**

State EMS Offices 2009

ALABAMA Dept. of Public Health EMS Division PO Box 303017 Montgomery, AL 36130 334-206-5383 Fax 334-206-5260	CONNECTICUT Office of EMS DOH 410 Capital Avenue PO Box 340308 MS # 12 EMS Hartford, CT 06134-0308 860-509-7603 Fax 860-509-7987	IDAHO EMS Bureau PO Box 83720 Boise, ID 83720-0036 208-334-4000 Fax 208-334-4015
ALASKA Injury Prevention & EMS PO Box 110616 Juneau, AK 99811-0616 907-465-3027 Fax 907-465-4101	DELAWARE Delaware Office of EMS Blue Hen Corporate Center 655 S. Bay Road-Suite 4-H Dover, DE 19901 302-744-5400 Fax 302-744-5429	ILLINOIS Dept of Public Health Division of EMS 500 E. Monroe St 8 th Fl Springfield, IL 62701 217-785-2080 Fax: 217-524-0966
ARIZONA Bureau of Emergency Medical Services 150 North 18 th Ave., Suite 540 Phoenix, AZ 85007 602-364-3150 Fax 602-364-3568	DISTRICT of COLUMBIA Emergency Health and Medical Services 845 North Capital St. N.E. 4 th Floor Washington, DC 20002 202-671-4222 Fax 202-442-4799	INDIANA Homeland Security EMS 402 W. Washington St. Rm.E208 Indianapolis, IN 46204 800-666-7784 Fax 317-233-8394
ARKANSAS Office of EMS & Trauma Systems Arkansas HHS PO Box 4815 Slot H-38 Little Rock, AR 72205-3867 501-661-2262 Fax 501-280-4901	FLORIDA Bureau of EMS 4052 Bald Cypress Way BIN C18 Tallahassee, FL 32399-8162 850-245-4053 Fax: 850-921-8162	IOWA Iowa Dept. of Public Health Bureau of EMS Des Moines, IA 50319 515-281-0437 Fax: 515-281-0488
CALIFORNIA *** See Note Below Emergency Medical Services Authority 1930 9 th Street Sacramento, CA 95814 916-322-4336 Fax 916-324-2875 www.emsa.ca.gov	GEORGIA Georgia Office of EMS 2600 Skyland Drive Lower Level Atlanta, GA 30319 404-679-0547 Fax: 404-679-0526	KANSAS Kansas Board of EMS LSOB Rm. 1031-S Topeka, KS 66612 785-296-7296 Fax 913-296-6212
COLORADO CDPHE-HFEMTSS 4300 Cherry Creek Dr. So Denver, CO 80246-1530 303-692-2980 Fax: 303-691-7720	HAWAII Hawaii DOH EMS and Injury Prevention Branch 3627 Kilauea Ave. Room 102 Honolulu, HI 96816 808-733-9210 Fax: 808-703-8332	KENTUCKY Kentucky EMS Branch 275 E. Main St. Frankfort, KY 40601 502-564-8950 Fax 502-564-6533

LOUISIANA Louisiana EMS PO Box 94215 8619 World Ministry Ste A Baton Rouge, LA 70804 225-763-5700 Fax 225-763-5702	MISSISSIPPI Department of Health Emergency Medical Services PO Box 1700 Jackson, MS 39215-1700 601-576-7380 Fax 601-576-7373	NEW JERSEY Office of EMS Department of Health PO Box 360 50 East State St. Trenton, NJ 08625-0360 609-633-7777 Fax: 609-633-7954
MAINE Maine EMS 45 Commerce Dr. Ste. 1 State House Station Augusta, ME 04333 207-626-3860 Fax: 207-287-6251	MISSOURI EMS Unit P.O. Box 570 Jefferson City, MO 65102 573-751-6345 Fax 573-751-6348	NEW MEXICO EMS Bureau Epidemiology & Response 2500 Cerrillos Rd. Santa Fe, NM 87505 505-476-7701 Fax: 505-476-7929
MARYLAND MIEMSS Education & Certification 653 W Pratt St. Baltimore, MD 21201-1595 410-706-3666 Fax: 410-706-4768	MONTANA EMS and Trauma PH&HS PO Box 202951 Cogswell Building Helena, MT 59620-2951 406-444-3895 Fax 406-444-1814	NEW YORK Bureau of EMS NYS Department of Health 433 River Street-Suite 303 Troy, NY 12180-2299 518-402-0996 Ext. 1&3 Fax: 518-402-0985
MASSACHUSETTS MA Office of EMS Dept. of Public Health 2 Boylston St., 3 rd FL. Boston, MA 02116 617-753-7300 Fax 617-753-7320	NEBRASKA Health and Human Services System EMS P.O. Box 95007 Box 94986 Lincoln, NE 68509-5007 402-471-0124 fax: 402-471-1890	NORTH CAROLINA Education & Credentialing Office of EMS Raleigh, NC 27699-2707 919-855-3935 Fax: 919-733-7021
MICHIGAN Division of Community Health Policy-EMS Section Capital View Building 201 Townsend St. Lansing, MI 48913 517-241-3020 Fax 517-241-9458	NEVADA Nevada State Health Division Emergency Medical Services 1550 E College Pkwy Suite 158 Carson City, NV 89706 775-482-3722 fax: 775-684-5313	NORTH DAKOTA Division of EMS ND Dept. of Health 600 East Blvd Ave Dept. 301 Bismarck, ND 58505-0200 701-328-2388 Fax: 701-328-1890
MINNESOTA EMS Regulatory Board 2829 University Ave. SE Suite 310 Minneapolis, MN 55414-5442 612-201-2800 Fax: 612-201-2815	NEW HAMPSHIRE NH Dept of Safety Division of EMS 33 Hazen Drive Concord, NH 03305 603-271-4568 Fax: 603-271-4567	OHIO Ohio Dept. of Public Safety EMS Division 1970 West Broad St. PO Box 182073 Columbus, OH 43218-0785 614-466-9447 Fax: 614-466-9461

OKLAHOMA Dept. of Health EMS Division 1000 N.E. 10 th Street Oklahoma City, OK 73117-1299 405-271-4027 Fax: 405-271-4240	TENNESSEE Division of EMS Department of Health 227 French Landing Ste.303 Nashville, TN 37247 615-741-2584 fax: 615-741-4217	WEST VIRGINIA Office of EMS 350 Capital St. Room 515 Charleston, WV 25301-3716 304-558-3956 Fax: 304-558-1437
OREGON EMS & Trauma Systems 800 NE Oregon St, Rm 607 Portland, OR 97232 971-673-0520 Fax: 971-673-0457	TEXAS Dept. of State Health Services EMS Division 1100 West 49 th Street Austin, TX 78756 512-834-6700 Fax: 512-834-6736	WISCONSIN Department of Health & Family Services Public Health EMS Section PO Box 2659 Madison, WI 53701-2659 608-266-1568 Fax: 608-261-6392
PENNSYLVANIA Dept. of Health – EMS Office Room 1032, Health & Welfare Harrisburg, PA 17120 717-787-8740 Fax: 717-772-0910	UTAH Bureau of EMS Department of Health PO Box 142004 Salt Lake City, UT 84114-2004 801-538-6435 Opt.1 fax: 801-538-6808	WYOMING Office of EMS Hathaway Bldg. #446 Cheyenne, WY 82002 307-777-7955 Fax: 307-777-5639
RHODE ISLAND EMS Division Department of Health 3 Capitol Hill, Room 105 Providence, RI 02908-5097 401-222-2401 Fax: 401-222-3352	VERMONT Department of Health EMS Office - Box 70 108 Cherry Street Burlington, VT 05402 802-863-7310 Fax: 802-863-7577	
SOUTH CAROLINA SC EMS & Training Division Department of Health & Environmental Control 2600 Bull Street Columbia, SC 29201 803-545-4204 Fax: 803-545-4989	VIRGINIA Department of Health EMS 109 Governor St. Madison Bldg. Suite UB-55 Richmond, VA 23219 804-864-7600 Fax: 804-864-7580	
SOUTH DAKOTA Dept. of Public Safety, EMS 118 West Capitol Pierre, SD 57501-2036 605-773-3915 Fax: 605-773-6631	WASHINGTON Department of Health Office of EMS & Trauma PO Box 47853 Olympia, WA 98504-7853 360-236-2832 Fax: 360-236-2829	National Registry of EMT's PO Box 29233 Columbus, OH 43229 614-888-4484

*** California applicants should contact the CA. EMS Authority office to confirm which EMS

agency to mail their verification form to. It may be different for each CA. County

REGIONAL EMS COUNCIL LISTING

Adirondack-Appalachian REMSCO
Main St. PO Bx 212
Speculator, NY 12164
(518) 548-5911
(518) 548-7605 fax
Lewis C. Jones, Jr.
**Counties: Delaware, Fulton,
Hamilton, Montgomery, Otsego,
Schoharie**

Big Lakes Regional EMS Council
534 Main Street Suite 19
Medina, NY 14103
(585) 798-1620
Michael Maak
Counties: Genesee, Niagara, Orleans

Central NY Regional EMS Council
Jefferson Tower - Suite LL1
50 Presidential Plaza
Syracuse, NY 13202
(315) 701-5707
(315) 701-5709 – fax
Warren Darby
**Counties: Cayuga, Cortland,
Onondaga, Oswego, Tompkins**

Finger Lakes Regional EMS Council
FLCC Geneva Ext. Ctr.
63 Pulteney Street
Geneva, NY 14456
(315) 789-0108
(315) 789-5638 fax
Christopher Levin
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