Application for New York State EMT Reciprocity

A. PERSONAL DATA															
1. Name					2. Date of Birth										
Last	First	:		M.I.	Month	Day	Year								
3. Mailing Address															
Street	City				State		Zip								
4. Social Security Number	5. Ho	5. Home Phone			Work Phone										
B. TRAINING/CERTIFICATION - Plea	se attach photocop	ies of state certificat	ions, CPR card	and mil	litary training certifica	ates.									
1. Name of Certifying Agency (state/military/registry)				2. Expiration Date											
								3. Certification/Registration/License Number				4. National Registry Number (if applicable)			
C. LEVEL OF TRAINING – Please atta	ach nhotoconies of	Certificates of Course	Completion e	tc.											
			e compretion, e												
			-	-											
CFR EMT Intermediate AEMT					Paramedic										
Please check one of the followi	ng:														
I have never held any level o	t New York State E	MS Certification.													
I previously held a New York	State Certification	My FMT # was													
		π was.													
I currently hold a New York S	state Certification.	Mv EMT # is:													
D. MOST RECENT CERTIFICATION IN															
1. Name of Institution			1		Date of Course	1	I								
1. Nume of institution					Date of course										
	L		State		Month	Day	L Year								
1. Name of Instructor	,	Number of Cou	rse Hours		Completion Date	,									
			ise nours		comptetion bute										
					Month	L Day	L Year								
					MOILII	Day	Tedi								
E. PERSONAL AFFIRMATION		Read carefull	y before signin	ng											
				-											
I affirm that in accordance with th	e requirements of	10 NVCRR 800 I hav	e NOT been cor	nvicted	of any misdemeanors	or felonies									
I understand that if I have a convi	•														
to certification. The Department o															
to certification. The Department of	i Health will deler	mine if the conviction	i is applicable i	under l	ne provisions of Part a	500.									
	Do i	not sign this if you ha	ive any convict	ions.											
I hearby certify that all of the info	rmation contained	in this application is	true and corre	ct and t	hat the signature belo	ow is mine a	as applicant.								
I further understand that offering															
subject any certification to revoca			.ocument may			penatana	ind may								
subject any certification to revoca	tion of other Depa														
Applicant's Signature			Da	to											
Applicant's Signature			Da	ite											
Notary Seal	Notary Signature Affirmation and Date			Signature of Applicant											
	Notary Signature, Affirmation, and Date														

Month

Day

Year