NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services

Certification Extension
For Military Personnel

Print Neatly in UPPER CASE Letters - Complete ALL Information - Incomplete forms will be denied and returned

INSTRUCTIONS: Complete all sections of this form. Mail completed form along with a photocopy of your military Certificate of Release or Discharge from Active Duty (**DD – 214**) to:

NYS DOH BEMS
Attn: Certification Unit
875 Central Avenue
Albany NY 12206

First Name | MI

Last Name

Address

City | State

Zip Code

County
(First Four Letters)

Sex
(M or F)

Social Security Number

Date of Birth
(MM) (DD) (YYYY)

Participating Agency DOH Agency Code

CFR / EMT / AEMT Number

CFR | EMT-B | AEMT-I | AEMT-CC | EMT-P
(Check Appropriate Certification Level)

CFR / EMT / AEMT Expiration Date
(MM) (DD) (YYYY)

Home Phone
(Area Code)

Branch of Military

Check appropriate box below if you are a CIC or CLI and your Instructor certification expired while on active duty.

☐ **CIC** ☐ **CLI**