NEW YORK STATE DEPARTMENT OF HEALTH Bureau of Emergency Medical Services

DOH-3312 (5/07)

Verification of Membership in a NYS EMS Agency

Please print legibly in capital letters or type. Put one letter or number in each box. This form must be completed and returned to the Course Sponsor prior to the completion of the course. Course Number (Please retain this number for future reference) Check if this application is for: Original Certification Recertification (If you are recertifying you must include your NYS EMS I.D. Number) EMS I dentification Number (If you have one) Only write your NYS EMS number in this space Applicant's Last Name Applicant's First Name and M.I If you belong to an EMS agency, please indicate the agency code in the box(es) below. **Primary EMS Agency** Secondary EMS Agency **Primary Agency Name** Primary Agency Captain, Chief, or other agency official signing the affirmation on this form Last Name NYS EMS I dentification Number (If you have one) First Name and M.I. Official's Agency Title **Personal Affirmation** Read Carefully Before Signing I, as an official representative of the primary NYS EMS agency listed on this form, affirm that the applicant named on this form is a member of the primary NYS EMS service. 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. I, as the applicant, 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. (Agency Official's Signature) (Date) (Applicant's Signature) (Date)