EMT Sheet for Reciprocity

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services

Please type or print

[X] Add

EMT Number

For EMS program use only

Name

Last and Suffix | First and Middle Initial

Name Change

Address

Number and Street

City | **State** | **Zip**

County | **Date of Birth** | **Sex**

Social Security #

Applicant- Do not write below this line

Course Number | **Category** | **Expiration Date** Month Day Year

State of Reciprocity

Card Request

Remarks

DOH-2177 (2/96)

Date _____ **Initials** _____