

Application for New York State EMT Reciprocity

A. PERSONAL DATA

1. Name

Last

First

M.I.

2. Date of Birth

Month

Day

Year

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

Month

Day

Year

3. Certification/Registration/License Number

4. National Registry Number (if applicable)

C. LEVEL OF TRAINING – Please attach photocopies of Certificates of Course Completion, etc.

☐

CFR

☐

EMT

☐

Intermediate

☐

AEMT

☐

Paramedic

Please check one of the following:

☐

I have never held any level of New York State EMS Certification.

☐

I previously held a New York State Certification. My EMT # was: _____

☐

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

Month

Day

Year

1. Name of Instructor

Number of Course Hours

Completion Date

Month

Day

Year

E. PERSONAL AFFIRMATION

Read carefully before signing

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.

Do not sign this if you have any convictions.

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.

Applicant's Signature

Date

Notary Seal

Notary Signature, Affirmation, and Date

Signature of Applicant

Month

Day

Year