

**New York State Department of Health  
Bureau of Emergency Medical Services**

**Reciprocity Packet**

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**Application and Instructions**

For EMS Certification Based on  
Out-of-State and Military EMS  
Certification or Licensure



Reciprocity Unit  
New York State Department of Health  
Bureau of Emergency Medical Services  
433 River Street, Suite 303  
Troy, New York 12180-2299

# Reciprocal Certification

The New York State Department of Health, Bureau of Emergency Medical Services considers granting reciprocal certification to individuals who hold certification from the fifty (50) states or from the District of Columbia. NYS does not at this time grant reciprocity to individuals who have obtained certification from other countries or the US Territories. Reciprocity means granting NYS certification based on certification from another state rather than taking a NYS original course to become certified. NYS recognizes EMT-Basic, EMT-Intermediate and EMT-Paramedic.

***First Responder and First Aid certifications ARE NOT eligible for reciprocity.***

THE FOLLOWING CRITERIA MUST BE MET IN ORDER TO BE ELIGIBLE FOR RECIPROCITY:

- a. The applicant is at least 18 years old.
- b. The applicant has not been convicted of any misdemeanors or felonies according to 10 NYCRR 800. (Title 10 of the Official Compilation of Codes, Rules and Regulations Part 800, see appendix)
- c. The applicant has successfully completed a course recognized or conducted by their home state EMS authority that meets or exceeds the current US Department of Transportation minimum standard curriculum for the level sought.
- d. The applicant has taken a state recognized or conducted practical skills examination within the past three years.
- e. The applicant has taken a state recognized or conducted written examination within the past three years.
- f. The applicant has received state certification or licensure from their home state EMS authority.
- g. The applicant provides proof of need for New York State certification such as one of the following:
  - New York State employment
  - New York State residence
  - Attending an educational institution in New York State
  - Completing clinical requirements as part of an advanced EMT program

## **Determining Your Eligibility for Reciprocity**

Please use the following descriptions to determine eligibility for reciprocity and file the application packet accordingly.

### **Allied Healthcare Providers**

The Bureau of EMS is **ONLY** able to grant reciprocity based on levels of **EMT certification or licensure** issued by another state. Reciprocity is not granted to allied health professionals unless they also hold state EMT certification or licensure. New York State licensed allied health professionals may be eligible for advanced standing in an advanced EMT course. This is **not** reciprocity.

### **Previously/Currently Certified in New York State**

Applicants are not eligible to apply for reciprocity at a level for which they have previously been certified in NYS. Recertification **MUST** be obtained by completing the requirements of a NYS refresher course. This includes successfully passing the state practical skills examination and state written certification examination. Refresher course locations can be located by contacting a Course Sponsor or the Regional Council as listed on the following site:

<http://www.health.state.ny.us/nysdoh/ems/certification/reciprocity.htm>

Applicants who have held certification in New York State at one level and are now certified at a higher level may apply for reciprocity at the higher level of training as long as all previously stated requirements are met.

### **Bordering State/Refresher Reciprocity**

If the applicant was previously certified or is currently certified in New York State and is applying from a state bordering New York, he/she may request refresher reciprocity by completing this packet. The bordering states' refresher requirements must meet or exceed those of New York State and must include a practical skills exam and a written exam within the past three years. There is no fee for processing this type of reciprocity.

Bordering states include **ONLY** the following:

**Vermont, Massachusetts, Connecticut, New Jersey, Pennsylvania**

### **National Registry of EMTs (NREMT)**

The Bureau of EMS is unable to grant direct reciprocity for individuals who hold only National Registry status. Applicants who hold **only** National Registry status and no state issued certification or license, **MAY** be issued a letter allowing enrollment in a New York State approved refresher course, which includes a state practical and written exam, and upon successful completion of the course requirements be granted New York certification valid for 37 months.

## Military Trained/National Park Services Affiliated

The Bureau of EMS may be able to grant reciprocity to a member or veteran of the United States military who received training from the Army, Navy, Air Force, Marines, Coast Guard, or to members of the National Park Services if the following conditions have occurred:

1. The training was completed within the last six (6) years,
2. Training was completed at a military branch medical training facility (Base, Post, Fort or Station) which has been identified to the Department of Health as the location for all training of military service medical personnel,
3. The training followed the US DOT EMT standard curriculum,
4. The applicant has submitted a certificate of completion from the specific branch of military service and documentation that the duty assignment was medical in nature and comparable to a civilian EMT (e.g. Army MOS 68W), and
5. Applicant has received registration from the National Registry (NREMT) after successful completion of practical skills and written examinations.

## Applicants with Criminal Convictions

According to New York State regulations (10 NYCRR 800), if you have been convicted of any misdemeanors or felonies or are currently under charges for such a crime, the department reserves the right to deny you certification. Each situation is reviewed individually and a decision is made whether or not to allow applicants to become certified. If your application is falsified, your certification can be revoked and/or a civil penalty may be imposed. The following is an excerpt from policy statement 02-02, which can be found as an attachment to this document or at our web site at:

<http://www.health.state.ny.us/nysdoh/ems/pdf/02-02.pdf>

In accordance with the provisions of the State Emergency Medical Services (EMS) Code - Part 800; candidates for EMS certification or recertification must not have been convicted of certain misdemeanors or felonies. The Department of Health (DOH) will review all criminal convictions from any federal, military or state jurisdiction to determine if such convictions fall within the scope of those specified in Part 800, or represent a potential risk or danger to patients or the public at large.

The regulation does not prevent a candidate with a criminal conviction from attending and completing all of the requirements of an EMS course. However, it may prevent the candidates from becoming certified in New York State until DOH has reviewed the circumstances of the conviction(s) and made a determination that the candidate does not demonstrate a risk or danger to patients. If DOH makes such a determination, the candidate will be eligible to take the NYS practical and written certification examinations, if otherwise qualified. Applicants with such a record of charges, or who are uncertain of such charges against them should not sign the application form, but may submit the application for review and investigation. Candidates **WILL NOT** be permitted to take the NYS practical or

written certification until the background review and investigation is completed and a determination is made.

## **Returned Applications**

Occasionally applicants send in reciprocity packets that are missing documents, application forms, filing fees, or other necessary information. If your application packet is returned to you for any reason, you will have 90 days from the receipt by DOH of your packet to correct any deficiencies and resubmit your packet for continued processing. Should you fail to submit required materials within the 90 day period your application fee will expire. If you wish to reapply, you will be required to resubmit your application with the normal first time filing fee. It is important for you to follow any instructions that may be included with a returned packet in order to minimize any delay in processing your reciprocity request.

## **Unrecognized Reciprocities**

Reciprocity is not granted for any certification or license that was obtained by reciprocity. If the applicant was granted reciprocity by the state from which they are applying, the applicant must also have completed that state's refresher and/or training requirements, including a practical and written exam within the last three years.

## **Length of Certification**

New York State generally issues certification for up to 37 months. For reciprocity applicants, the Bureau of EMS may issue certification for the time remaining on the applicant's current state certification or license as long as it does not exceed 37 months. If there is no expiration date listed on your current certification or license, NYS will grant a certification that will expire 37 months from the date of the applicant's last state practical and written exam.

## **Renewing / Refreshing Reciprocal Certification**

Once an applicant has received reciprocity from NYS for out-of-state certification or license he/she can renew New York State certification by enrolling in and completing the requirements of a New York State refresher course.

## **Requesting a Reciprocity Application Packet**

To receive an application and instructions for reciprocity from NYS, visit our web site at <http://www.health.state.ny.us/nysdoh/ems/certification/reciprocity.htm>

You may also contact the Reciprocity Unit at:  
518-402-0996 Ext. 1&3

Or mail a request to:  
New York State Department of Health  
Bureau of EMS, Reciprocity Unit  
433 River Street, Suite 303  
Troy, NY 12180-2299

**Please include your full name, current street address or PO Box, city, state and zip code and daytime phone number.**

# Guide to Applying for Reciprocal Certification in NYS

***All the forms and information necessary for filing are included. Please read the following instructions and follow them carefully. Failure to correctly submit your packet as instructed may cause delays or denial of your application.***

**STEP #1 - Determine your eligibility for New York State reciprocity based on the information on Page 1 of this packet**

**The application MUST be returned notarized.**

- STEP #2 - Fill out the form titled “**Application for New York State EMT Reciprocity**” DOH-2183 (03/03) found in this booklet. Complete all questions legibly and carefully read the Personal Affirmation Statement (shaded area). If the statement is true, it must be signed and dated. If it is not true do not sign and see section on criminal convictions. In addition you must sign the application in the lower right corner in the presence of a Notary.
- STEP #3 - Complete the top portion of the “**EMT Sheet for Reciprocity**” DOH-2177 (2/96)  
**PLEASE PRINT NEATLY IN BLOCK CAPITAL LETTERS ONE LETTER OR NUMBER IN EACH BOX.**
- STEP #4 - Fill out the **TOP (unshaded)** portion of the form titled “**Verification of EMT Certification**”. Leave the shaded portion and the bottom sections blank. Send this form to the EMS office of the state where you are currently certified or licensed along with a self-addressed, stamped envelope (not provided in packet). The state EMS office will complete the middle portion of the form to verify your certification or licensure status and will return the form to **you** in the envelope you provided.  
**DO NOT OPEN THE ENVELOPE.** Leave the envelope sealed, and send it with your completed application. ***Applicants who hold only National Registry status DO NOT need to send this form to National Registry. Complete only the top portion of the verification form and submit it to NYS DOH with the rest of your packet.***
- STEP #5 - Make photocopies of your state issued certification card or license and valid CPR provider card. If you have military training and National Registry status, include photocopies of your military medical training certificates and all pertinent documents with your application. These documents are required to process your request for reciprocity and will not be returned.

**DO NOT submit original documents**

- STEP #6 - The application filing fee must be in the form of a certified check, money order, or other form of guaranteed funds. The fee is \$25.00 for EMT and \$50.00 for all advanced EMT levels. The fee must be made payable to **New York State Department of Health** and is not refundable for any reason regardless of your application determination.

***NO PERSONAL CHECKS or CASH WILL BE ACCEPTED***

- Step #7- If you are a NYS resident, provide proof such as a copy of your NYS driver's license or a utility bill showing your address. If you are not a NYS resident, you must supply proof of your need for NYS certification such as an employment offer or an acceptance letter from an educational institution. If your circumstances are unique, submit a written statement indicating your need.
- STEP #8 - Review the checklist at the end of this booklet to be sure all required documentation has been included. Mail your completed application packet to the address at the bottom of the checklist. You may use the address provided at the end of the checklist as your mailing label by cutting it out and taping it to the outside of your mailing envelope.

*You may wish to submit your packet by certified mail with a return receipt requested to ensure your packet is received by the NYS Bureau of EMS.*

If you are not certain that you are eligible for reciprocity, please contact our Reciprocity Unit at (518) 402-0996 Ext. 1&3 or write to: Reciprocity Unit, New York State Department of Health, Bureau of Emergency Medical Services, 433 River Street, Suite 303, Troy NY 12180-2299

## **Fees for Reciprocity Applications**

EMT- Basic level = **\$25.00**, EMT – Advanced levels = **\$50.00**

**Certified Check or Money Order made payable to NYS Dept. of Health**

**No Personal Checks will be Accepted**

# Instructions for Completion of the EMT Sheet for Reciprocity

Each field on this form must be filled out legibly and accurately. Failure to do so may cause a delay in the processing of your application for reciprocity. Only **ONE** letter or number may be entered in each box of a given field.

## **YOU MUST CAPITALIZE EACH LETTER ON THIS FORM.**

**EMT Number:** Leave this box **BLANK** unless you were issued a New York State EMT number in the past. If you did hold a NYS EMT number at some time in the past, please enter it as it appears on your certification card.

**Last Name & Suffix:** Enter your last name. If you use a suffix such as Jr., Sr., III, etc. skip one space after your last name and enter the suffix.

**First Name & Middle Initial:** Enter your first name, skip a space, and enter your middle initial.

**Address:** Enter your mailing address. You must include your house, apartment, or post office box number, the street name, and any other address information that is commonly used for your mail delivery.

**City:** Enter the city, village, or town for your mailing address.

**State:** Enter the state for your mailing address.

**Zip Code:** Enter the zip code for your mailing address.

**County:** Enter the first four (4) letters of the name of the COUNTY for your mailing address. NOTE: Manhattan is NEWY, Staten Island is RICH, Brooklyn is KING, and St. Lawrence is STLA. **If you live outside of New York State, you must enter OUTS.**

**Date of Birth:** Enter your date of birth. The date should be formatted as month/day/year (MM/DD/YY). Use zero (0) in front of single digits. [Example: February 6, 1960 would be entered as 02 06 60]

**Sex:** Enter F if you are a female or M if you are a male.

**Social Security Number:** Enter your Social Security Number.

**Do not enter any information in any field on this form other than the fields listed above.**

# Application for New York State EMT Reciprocity

NEW YORK STATE DEPARTMENT OF HEALTH  
Bureau of Emergency Medical Services

| <b>A. PERSONAL DATA</b>   |      |                                      |                        |   |                           |                      |     |     |
|---|------|--------------------------------------|------------------------|---|---------------------------|----------------------|-----|-----|
| 1. Name   | Last | First                                | M.I.                   | 2. Date of Birth                            | Mo.                       | Day                  | Yr. |     |
| 3. Mailing Address (street, city, state, zip)   |      |                                      |                        |   |                           |                      |     |     |
| 4. Social Security Number   |      |                                      |                        | 5. Home Phone<br>(    )                     |                           | Work Phone<br>(    ) |     |     |
| <b>B. TRAINING/CERTIFICATION</b> – Please attach photocopies of state certifications, CPR card and military training certificates.  |      |                                      |                        |   |                           |                      |     |     |
| 1. Name of Certifying Agency (state/military/registry)  |      |                                      |                        | 2. Expiration Date                          |                           | Mo.                  | Day |     |
| 3. Certification/Registration/License Number  |      |                                      |                        | 4. National Registry Number (if applicable) |                           |                      |     |     |
| <b>C. LEVEL OF TRAINING</b> – Please attach photocopies of Certificates of Course Completion, etc.  |      |                                      |                        |   |                           |                      |     |     |
| <input type="checkbox"/> EMT <input type="checkbox"/> Intermediate <input type="checkbox"/> Paramedic   |      |                                      |                        |   |                           |                      |     |     |
| Please check one of the following:  |      |                                      |                        |   |                           |                      |     |     |
| <input type="checkbox"/> I have never held any level of New York State EMS Certification.   |      |                                      |                        |   |                           |                      |     |     |
| <input type="checkbox"/> I previously held a New York State Certification. My EMT # was: _____  |      |                                      |                        |   |                           |                      |     |     |
| <input type="checkbox"/> I currently hold a New York State Certification. My EMT # is: _____  |      |                                      |                        |   |                           |                      |     |     |
| <b>D. MOST RECENT CERTIFICATION INFORMATION</b>   |      |                                      |                        |   |                           |                      |     |     |
| 1. Name of Institution  |      |                                      | City                   | State                                       | Date of Course Completion |                      | Mo. |     |
| 1. Name of Instructor   |      |                                      | Number of Course Hours |   |                           |                      |     | Day |
| Yr.   |      |                                      |                        |   |                           |                      |     |     |
| <b>E. PERSONAL AFFIRMATION</b>  |      |                                      |                        | <b>Read carefully before signing</b>        |                           |                      |     |     |
| <p>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.</p> <p style="text-align: center;">Do not sign this if you have any convictions.</p> <p>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.</p> |      |                                      |                        |   |                           |                      |     |     |
| _____<br>Applicant's Signature  |      |                                      |                        | _____<br>Date                               |                           |                      |     |     |
| Notary Seal   |      | Notary Signature, Affirmation & Date |                        | Signature of Applicant                      |                           | Date                 |     |     |
|   |      |                                      |                        | Mo./Day/Yr.                                 |                           |                      |     |     |

# Verification of EMT Certification

**Applicant Must Complete this Section. Please type or neatly print in capital block letters.**

Home State EMT ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Mo. Day Yr

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Section to be completed by the current certifying State EMS Office**

Certification / Registration Number: \_\_\_\_\_

Expiration Date of Current Certification: \_\_\_\_\_ Original Date of Certification: \_\_\_\_\_  
Mo Day Yr Mo Day Yr

Has Applicant refreshed his/her Certification in Your State: Yes:  No:  Give Date: \_\_\_\_\_  
Mo Day Yr

Has this person taken a state written and practical exam to recertify? Yes  No

Was Certification in Your State based on Reciprocity from another State or US Military?  
Yes:  No:  If yes, indicate State or Which Armed Service: \_\_\_\_\_

If yes, has this person completed training requirements or a refresher course since initial reciprocity?

Yes:  No:  If yes, please indicate Date completed: \_\_\_\_\_  
Mo Day Yr

Level of Certification – Please check highest level certification currently held

- Basic EMT course met or exceeded DOT standard
- EMT- Intermediate course met or exceeded DOT standard
- EMT-Paramedic course met or exceeded DOT standard
- Other Please explain or attach copy of curriculum.

Is there any reason that reciprocity should NOT be granted this person?

Yes:  No:

If yes, please explain on reverse side or include in separate document.

Please indicate modules included in training:

Mast  Defib  IV  ET

Has this person ever applied for an Accommodation under ADA? Yes  No

*This is to verify that the above individual successfully completed a state administered practical skills examination and written examination and is certified/registered/licensed in your state. The applicant completed the written examination by reading it and marking her/his own answer sheet.*

SIGNATURE \_\_\_\_\_ PRINTED NAME \_\_\_\_\_

TITLE \_\_\_\_\_ STATE \_\_\_\_\_

DATE: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

**Please insert this original form in the envelope provided. Seal the envelope and sign across the back flap. Mail envelope to applicant at the address provided on the front of the envelope.**

**New York State Bureau use ONLY**

Verification by: Ph Fax Mail Web Log#: \_\_\_\_\_ Level: B I P Status: Grant Deny

Person Contacted: \_\_\_\_\_ Title: \_\_\_\_\_ Send: Card Ref Ltr

Reviewed by: \_\_\_\_\_ Completed on: \_\_\_\_\_ Exp Date: \_\_\_\_\_ EMT#: \_\_\_\_\_



Before you mail your completed reciprocity packet, check to be sure you have included the items below: **Your Packet Will Be Returned if Incomplete!**

- 1 - Completed, signed\* and notarized **Application for New York State EMT Reciprocity DOH-2183 (03/03)**. \* See instructions for criminal convictions

- ➡ Personal data
- ➡ Training and certification or licensure information
- ➡ Level of training (the level at which you are currently certified)
- ➡ Initial training / recertification information
- ➡ Application must be signed\* and dated
- ➡ Notary Public section must be completed

- 2 - Sealed envelope containing your **Verification of EMT Certification Form (DOH-2178)** returned to you by your certifying State certifying or licensing authority.

*Applicants with National Registry status only must complete the top portion of the verification form and submit it to NYS DOH with your completed reciprocity application.*

- ➡ You have completed top section.
- ➡ Mail Form DOH- 2178 to your state office with a self addressed stamped envelope.
- ➡ State returns verification envelope to YOU.
- ➡ Envelope is left SEALED and included in packet to the New York State EMS.

- 3 - Neatly filled out **EMT Sheet for Reciprocity DOH-2177 (2/96)**.

- 4 – Proof of need documentation. (**see page 1 of Reciprocity Packet**).

- 5- Photocopies of EMT certification or license and valid CPR card.  
Military applicants please include photocopies of course completion certificates.

- ➡ Military personnel must include certificate of course completion and proof of military medic assignment orders or letter from CO

- 6- **Certified Check or Money Order** made payable to **NYS Department of Health**.

- ➡ \$25.00 for Basic EMT
- ➡ \$50.00 for Intermediate or Paramedic

**PLEASE NOTE:**  
The filing fee is **NON-REFUNDABLE**  
**No personal checks accepted!**

**\*\*\*\*Make Photocopies of all your application materials for your own records\*\*\*\***

Put all your application items into a single envelope and mail to the address below.  
(You may cut this out, tape it to your envelope, and use it as a label)

**TO: New York State Department of Health  
Bureau of Emergency Medical Services  
Reciprocity Unit  
433 River Street, Suite 303  
Troy, New York 12180-2299**

## State EMS Offices 2009

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| <p><b>ALABAMA</b></p> <p>Dept. of Public Health<br/>EMS Division<br/>PO Box 303017<br/>Montgomery, AL 36130<br/>334-206-5383<br/>Fax 334-206-5260</p>  | <p><b>CONNECTICUT</b></p> <p>Office of EMS DOH<br/>410 Capital Avenue<br/>PO Box 340308<br/>MS # 12 EMS<br/>Hartford, CT 06134-0308<br/>860-509-7603<br/>Fax 860-509-7987</p>                          | <p><b>IDAHO</b></p> <p>EMS Bureau<br/>PO Box 83720<br/>Boise, ID 83720-0036<br/>208-334-4000<br/>Fax 208-334-4015</p>   |
| <p><b>ALASKA</b></p> <p>Injury Prevention &amp; EMS<br/>PO Box 110616<br/>Juneau, AK 99811-0616<br/>907-465-3027<br/>Fax 907-465-4101</p>  | <p><b>DELAWARE</b></p> <p>Delaware Office of EMS<br/>Blue Hen Corporate Center<br/>655 S. Bay Road-Suite 4-H<br/>Dover, DE 19901<br/>302-744-5400<br/>Fax 302-744-5429</p>                             | <p><b>ILLINOIS</b></p> <p>Dept of Public Health<br/>Division of EMS<br/>500 E. Monroe St<br/>8<sup>th</sup> Fl<br/>Springfield, IL 62701<br/>217-785-2080<br/>Fax: 217-524-0966</p> |
| <p><b>ARIZONA</b></p> <p>Bureau of Emergency Medical Services<br/>150 North 18<sup>th</sup> Ave.,<br/>Suite 540<br/>Phoenix, AZ 85007<br/>602-364-3150<br/>Fax 602-364-3568</p>  | <p><b>DISTRICT of COLUMBIA</b></p> <p>Emergency Health and Medical Services<br/>845 North Capital St. N.E.<br/>4<sup>th</sup> Floor<br/>Washington, DC 20002<br/>202-671-4222<br/>Fax 202-442-4799</p> | <p><b>INDIANA</b></p> <p>Homeland Security EMS<br/>402 W. Washington St.<br/>Rm.E208<br/>Indianapolis, IN 46204<br/>800-666-7784<br/>Fax 317-233-8394</p>                           |
| <p><b>ARKANSAS</b></p> <p>Office of EMS &amp; Trauma Systems<br/>Arkansas HHS<br/>PO Box 4815 Slot H-38<br/>Little Rock, AR 72205-3867<br/>501-661-2262<br/>Fax 501-280-4901</p>   | <p><b>FLORIDA</b></p> <p>Bureau of EMS<br/>4052 Bald Cypress Way<br/>BIN C18<br/>Tallahassee, FL 32399-8162<br/>850-245-4053<br/>Fax: 850-921-8162</p>   | <p><b>IOWA</b></p> <p>Iowa Dept. of Public Health<br/>Bureau of EMS<br/>Des Moines, IA 50319<br/>515-281-0437<br/>Fax: 515-281-0488</p>   |
| <p><b>CALIFORNIA</b></p> <p>*** See Note Below<br/>Emergency Medical Services Authority<br/>1930 9<sup>th</sup> Street<br/>Sacramento, CA 95814<br/>916-322-4336<br/>Fax 916-324-2875<br/><a href="http://www.emsa.ca.gov">www.emsa.ca.gov</a></p> | <p><b>GEORGIA</b></p> <p>Georgia Office of EMS<br/>2600 Skyland Drive<br/>Lower Level<br/>Atlanta, GA 30319<br/>404-679-0547<br/>Fax: 404-679-0526</p>   | <p><b>KANSAS</b></p> <p>Kansas Board of EMS<br/>LSOB Rm. 1031-S<br/>Topeka, KS 66612<br/>785-296-7296<br/>Fax 913-296-6212</p>  |
| <p><b>COLORADO</b></p> <p>CDPHE-HFEMTSS<br/>4300 Cherry Creek Dr. So<br/>Denver, CO 80246-1530<br/>303-692-2980<br/>Fax: 303-691-7720</p>  | <p><b>HAWAII</b></p> <p>Hawaii DOH EMS and Injury Prevention Branch<br/>3627 Kilauea Ave. Room 102<br/>Honolulu, HI 96816<br/>808-733-9210<br/>Fax: 808-703-8332</p>                                   | <p><b>KENTUCKY</b></p> <p>Kentucky EMS Branch<br/>275 E. Main St.<br/>Frankfort, KY 40601<br/>502-564-8950<br/>Fax 502-564-6533</p>   |

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| <p><b>LOUISIANA</b></p> <p>Louisiana EMS<br/> PO Box 94215<br/> 8619 World Ministry Ste A<br/> Baton Rouge, LA 70804<br/> 225-763-5700<br/> Fax 225-763-5702</p>                                   | <p><b>MISSISSIPPI</b></p> <p>Department of Health<br/> Emergency Medical Services<br/> PO Box 1700<br/> Jackson, MS 39215-1700<br/> 601-576-7380<br/> Fax 601-576-7373</p>                           | <p><b>NEW JERSEY</b></p> <p>Office of EMS<br/> Department of Health<br/> PO Box 360<br/> 50 East State St.<br/> Trenton, NJ 08625-0360<br/> 609-633-7777<br/> Fax: 609-633-7954</p>       |
| <p><b>MAINE</b></p> <p>Maine EMS<br/> 45 Commerce Dr. Ste. 1<br/> State House Station<br/> Augusta, ME 04333<br/> 207-626-3860<br/> Fax: 207-287-6251</p>  | <p><b>MISSOURI</b></p> <p>EMS Unit<br/> P.O. Box 570<br/> Jefferson City, MO 65102<br/> 573-751-6345<br/> Fax 573-751-6348</p>   | <p><b>NEW MEXICO</b></p> <p>EMS Bureau<br/> Epidemiology &amp; Response<br/> 2500 Cerrillos Rd.<br/> Santa Fe, NM 87505<br/> 505-476-7701<br/> Fax: 505-476-7929</p>                      |
| <p><b>MARYLAND</b></p> <p>MIEMSS<br/> Education &amp; Certification<br/> 653 W Pratt St.<br/> Baltimore, MD 21201-1595<br/> 410-706-3666<br/> Fax: 410-706-4768</p>                                | <p><b>MONTANA</b></p> <p>EMS and Trauma<br/> PH&amp;HS<br/> PO Box 202951<br/> Cogswell Building<br/> Helena, MT 59620-2951<br/> 406-444-3895<br/> Fax 406-444-1814</p>                              | <p><b>NEW YORK</b></p> <p>Bureau of EMS<br/> NYS Department of Health<br/> 433 River Street-Suite 303<br/> Troy, NY 12180-2299<br/> 518-402-0996 Ext. 1&amp;3<br/> Fax: 518-402-0985</p>  |
| <p><b>MASSACHUSETTS</b></p> <p>MA Office of EMS<br/> Dept. of Public Health<br/> 2 Boylston St., 3<sup>rd</sup> FL.<br/> Boston, MA 02116<br/> 617-753-7300<br/> Fax 617-753-7320</p>              | <p><b>NEBRASKA</b></p> <p>Health and Human Services<br/> System EMS<br/> P.O. Box 95007<br/> Box 94986<br/> Lincoln, NE 68509-5007<br/> 402-471-0124<br/> fax: 402-471-1890</p>                      | <p><b>NORTH CAROLINA</b></p> <p>Education &amp; Credentialing<br/> Office of EMS<br/> Raleigh, NC 27699-2707<br/> 919-855-3935<br/> Fax: 919-733-7021</p>                                 |
| <p><b>MICHIGAN</b></p> <p>Division of Community Health<br/> Policy-EMS Section<br/> Capital View Building<br/> 201 Townsend St.<br/> Lansing, MI 48913<br/> 517-241-3020<br/> Fax 517-241-9458</p> | <p><b>NEVADA</b></p> <p>Nevada State Health Division<br/> Emergency Medical Services<br/> 1550 E College Pkwy<br/> Suite 158<br/> Carson City, NV 89706<br/> 775-482-3722<br/> fax: 775-684-5313</p> | <p><b>NORTH DAKOTA</b></p> <p>Division of EMS<br/> ND Dept. of Health<br/> 600 East Blvd Ave<br/> Dept. 301<br/> Bismarck, ND 58505-0200<br/> 701-328-2388<br/> Fax: 701-328-1890</p>     |
| <p><b>MINNESOTA</b></p> <p>EMS Regulatory Board<br/> 2829 University Ave. SE<br/> Suite 310<br/> Minneapolis, MN<br/> 55414-5442<br/> 612-201-2800<br/> Fax: 612-201-2815</p>                      | <p><b>NEW HAMPSHIRE</b></p> <p>NH Dept of Safety<br/> Division of EMS<br/> 33 Hazen Drive<br/> Concord, NH 03305<br/> 603-271-4568<br/> Fax: 603-271-4567</p>  | <p><b>OHIO</b></p> <p>Ohio Dept. of Public Safety<br/> EMS Division<br/> 1970 West Broad St.<br/> PO Box 182073<br/> Columbus, OH 43218-0785<br/> 614-466-9447<br/> Fax: 614-466-9461</p> |

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| <p><b>OKLAHOMA</b></p> <p>Dept. of Health<br/>EMS Division<br/>1000 N.E. 10<sup>th</sup> Street<br/>Oklahoma City, OK 73117-1299<br/>405-271-4027<br/>Fax: 405-271-4240</p>                                    | <p><b>TENNESSEE</b></p> <p>Division of EMS<br/>Department of Health<br/>227 French Landing Ste.303<br/>Nashville, TN 37247<br/>615-741-2584<br/>fax: 615-741-4217</p>       | <p><b>WEST VIRGINIA</b></p> <p>Office of EMS<br/>350 Capital St. Room 515<br/>Charleston, WV 25301-3716<br/>304-558-3956<br/>Fax: 304-558-1437</p>  |
| <p><b>OREGON</b></p> <p>EMS &amp; Trauma Systems<br/>800 NE Oregon St, Rm 607<br/>Portland, OR 97232<br/>971-673-0520<br/>Fax: 971-673-0457</p>  | <p><b>TEXAS</b></p> <p>Dept. of State Health Services<br/>EMS Division<br/>1100 West 49<sup>th</sup> Street<br/>Austin, TX 78756<br/>512-834-6700<br/>Fax: 512-834-6736</p> | <p><b>WISCONSIN</b></p> <p>Department of Health &amp; Family<br/>Services<br/>Public Health EMS Section<br/>PO Box 2659<br/>Madison, WI 53701-2659<br/>608-266-1568<br/>Fax: 608-261-6392</p> |
| <p><b>PENNSYLVANIA</b></p> <p>Dept. of Health – EMS Office<br/>Room 1032, Health &amp; Welfare<br/>Harrisburg, PA 17120<br/>717-787-8740<br/>Fax: 717-772-0910</p>   | <p><b>UTAH</b></p> <p>Bureau of EMS<br/>Department of Health<br/>PO Box 142004<br/>Salt Lake City, UT 84114-2004<br/>801-538-6435 Opt.1<br/>fax: 801-538-6808</p>           | <p><b>WYOMING</b></p> <p>Office of EMS<br/>Hathaway Bldg. #446<br/>Cheyenne, WY 82002<br/>307-777-7955<br/>Fax: 307-777-5639</p>  |
| <p><b>RHODE ISLAND</b></p> <p>EMS Division<br/>Department of Health<br/>3 Capitol Hill, Room 105<br/>Providence, RI 02908-5097<br/>401-222-2401<br/>Fax: 401-222-3352</p>                                      | <p><b>VERMONT</b></p> <p>Department of Health<br/>EMS Office - Box 70<br/>108 Cherry Street<br/>Burlington, VT 05402<br/>802-863-7310<br/>Fax: 802-863-7577</p>             |   |
| <p><b>SOUTH CAROLINA</b></p> <p>SC EMS &amp; Training Division<br/>Department of Health &amp;<br/>Environmental Control<br/>2600 Bull Street<br/>Columbia, SC 29201<br/>803-545-4204<br/>Fax: 803-545-4989</p> | <p><b>VIRGINIA</b></p> <p>Department of Health EMS<br/>109 Governor St.<br/>Madison Bldg.<br/>Suite UB-55<br/>Richmond, VA 23219<br/>804-864-7600<br/>Fax: 804-864-7580</p> |   |
| <p><b>SOUTH DAKOTA</b></p> <p>Dept. of Public Safety, EMS<br/>118 West Capitol<br/>Pierre, SD 57501-2036<br/>605-773-3915<br/>Fax: 605-773-6631</p>  | <p><b>WASHINGTON</b></p> <p>Department of Health<br/>Office of EMS &amp; Trauma<br/>PO Box 47853<br/>Olympia, WA 98504-7853<br/>360-236-2832<br/>Fax: 360-236-2829</p>      | <p><b>National Registry of<br/>EMT's</b></p> <p>PO Box 29233<br/>Columbus, OH 43229<br/>614-888-4484</p>  |

\*\*\* California applicants should contact the CA. EMS Authority office to confirm which EMS

agency to mail their verification form to. It may be different for each CA. County

# REGIONAL EMS COUNCIL LISTING

Adirondack-Appalachian REMSCO  
Main St. PO Bx 212  
Speculator, NY 12164  
(518) 548-5911  
(518) 548-7605 fax  
Lewis C. Jones, Jr.  
**Counties: Delaware, Fulton,  
Hamilton, Montgomery, Otsego,  
Schoharie**

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Big Lakes Regional EMS Council  
534 Main Street Suite 19  
Medina, NY 14103  
(585) 798-1620  
Michael Maak  
**Counties: Genesee, Niagara, Orleans**

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Central NY Regional EMS Council  
Jefferson Tower - Suite LL1  
50 Presidential Plaza  
Syracuse, NY 13202  
(315) 701-5707  
(315) 701-5709 – fax  
Warren Darby  
**Counties: Cayuga, Cortland,  
Onondaga, Oswego, Tompkins**

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Finger Lakes Regional EMS Council  
FLCC Geneva Ext. Ctr.  
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Geneva, NY 14456  
(315) 789-0108  
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Christopher Levin  
**Counties: Ontario, Seneca, Wayne,  
Yates**

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Hudson-Mohawk Regional EMS  
Council  
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(518) 464-5097  
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Kevin Robert  
**Counties: Albany, Columbia, Greene,  
Rensselaer, Saratoga, Schenectady**

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Hudson Valley Regional EMS Council  
45 Academy Avenue  
Cornwall on Hudson, NY 12520  
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Fax- 845-534-3070  
Robert Cuomo  
**Counties: Dutchess, Orange, Putnam,  
Rockland, Sullivan, Ulster,**

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Mid-State Regional EMS Council  
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Utica, NY 13502  
(315) 738- 8351  
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(888) 225-6642  
Henry Hoffman  
**Counties: Herkimer, Madison, Oneida**

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Monroe-Livingston Reg EMS Council  
Office of Prehospital Care  
Strong Memorial Hospital  
601 Elmwood Ave. Bx 655  
Rochester, NY 14692  
585-463-2900 or  
585-463-2917  
585-463-2966 - fax  
Paul Bishop  
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333 Aviation Road – Bldg. A – Suite 1  
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Patty Bashaw  
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Warren, Washington**

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Nassau Regional EMS Council  
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Bldg. A - 4th Floor  
Bin # 78  
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Scott Glazer  
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North Country Regional EMS Council  
SUNY Canton College of Technology  
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Mark Tuttle  
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475 Riverside Drive Suite 1929  
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Jeffrey Horwitz, DO  
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Michele Forness  
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Suffolk Regional EMS Council  
Suffolk County Dept. of Hlth. Svcs.  
Div. of Emergency Medical Services  
PO Box 6100  
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Westchester Regional EMS Council  
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Daniel J. Blum  
**Counties: Westchester**

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Greg Gill  
**Counties: Erie, Wyoming**