

Print Name \_\_\_\_\_ EMT # \_\_\_\_\_

Agency Name \_\_\_\_\_ Agency Code \_\_\_\_\_

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

**Pilot Program EMT-Intermediate  
Certification Renewal Cover Sheet**

Return Completed Application to:

Pilot Recert Program  
Bureau of EMS  
433 River Street, Suite 303  
Troy, New York 12180

DOH Review:

\_\_\_\_\_ Meets NYS-EMS guidelines for re-certification  
\_\_\_\_\_ Application did not meet the following criteria:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DOH Review by: \_\_\_\_\_ Date: \_\_\_\_\_