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** _____