# EMT Sheet for Reciprocity

**NEW YORK STATE DEPARTMENT OF HEALTH**  
Bureau of Emergency Medical Services

<table>
<thead>
<tr>
<th>Please type or print</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>X</strong> Add</td>
</tr>
</tbody>
</table>

**EMT Number**  
For EMS program use only

<table>
<thead>
<tr>
<th>Name</th>
<th>Last and Suffix</th>
<th>First and Middle Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name Change**

<table>
<thead>
<tr>
<th>Address</th>
<th>Number and Street</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>County</th>
<th>Date of Birth</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social Security #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Applicant - Do not write below this line**

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Category</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>State of Reciprocity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Card Request</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**Remarks**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>

Date _____________ Initials ___________

DOH-2177 (2/96)