NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services

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 hearby 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