New York State Department of Health
Bureau of Emergency Medical Services
Three Year CME Recertification Program

(Circle one of the following):

(Basic) (AEMT) (CC) (Paramedic)

Certification Renewal Cover Sheet

Return Completed Application to:

CME Recertification Program
Bureau of EMS
875 Central Ave
Albany, New York 12206-1388

Check List: ______ Is your address correct?
______ Is your EMT # Correct?
______ Core Content complete and signed off on each topic by a CIC?
______ Does your Additional non-core list- topics, dates, and CME hours earned?
______ Each Skill has been reviewed, marked off, and verified by Medical Director/Training Officer?
______ Have you signed page one, and page two?
______ Has your Agency Coordinator signed your application?
______ Did you include copies of- CPR card, ACLS card (Paramedic Only)
______ Did you include- Certificates, and CIC verification of conferences and Seminars?
______ Is it greater than 45 days before your certification expires?
______ Are you sure you are registered (form 4226) to the Agency sponsoring your recertification?

DOH Review:

______ Meets NYS-EMS guidelines for re-certification
______ Return to Applicant for additional information

DOH Review by: _____________________ Date: _______________