

Please print legibly in **capital letters** or type. Put **one** letter or number in each box.

A letter of verification will be e-mailed to the e-mail address from which this form is submitted.

Requests for verification of certification must be submitted using this form.  
 No telephone requests will be accepted. Allow 2-4 weeks for processing.

**EMS Identification Number**

Only write your NYS EMS number in this space

--	--	--	--	--	--	--	--

**Last Name**

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**First Name and M.I.**

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**Social Security Number**

X	X	X	X	X					
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**Month**

**Day**

**Year**

**Date of Birth**

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**Certified Provider's Mailing Street Address**

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**Apartment Number**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**City**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**State**

**Zip Code**

**Name or address change since you last became certified?:**

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Yes

No

If you require that your letter of verification be e-mailed to a different e-mail address, please provide the e-mail address to which the letter should be sent:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 (Certified Provider's Signature)

\_\_\_\_\_  
 (Date)