NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services

Application for Emergency Medical Services Certification

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

Course Number 1 2 3 4 5 6 **(Please retain this number for future reference)**

Check if this application is for: ✔ **Original Certification** ☐ **Recertification** **(If you are recertifying you must include your NYS EMS I.D. Number)**

EMS Identification Number (If you have one)
Only write your NYS EMS number in this space

Last Name Example

First Name and M.I. Justin

Check this box if your name as stated above has changed or is spelled differently than on your current EMS card
Enter on the line below, your name as it appears on your current EMS card. ☐

(Please Print Clearly or Type)

Address
Number and Street **(Skip one space between number and street)**

5811 Foster Ave

City Brooklyn

State NY

Zip Code 11234

County KING

Date of Birth 01 01 01
Month Day Year

Social Security XXX XX 1234

Gender M
(Enter M, F, or X)

On Teaching Faculty ☐ YES ✔ NO

Email joe@whatever.com

Day Telephone 1 2 3 4 5 6 7 8 9 0

Practical Skills Exam Date 12 18 25
Month Day Year

Course End Date 12 22 25
Month Day Year

Personal Affirmation **Read Carefully Before Signing**

I affirm that in accordance with the requirements of 10 NYCRR Part 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 hereby 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 Signature) **(Date)**

CLICK TO PRINT