NEW YORK STATE DEPARTMENT OF HEALTH

Bureau of Emergency Medical Services

Print Neatly in UPPER CASE Letters - Complete ALL Information - Incomplete forms will be denied and returned																								
INSTRUCTIONS : Complete all sections of this form. Mail completed form along military Certificate of Release or Discharge from Active Duty (DD – 214) to: First Name													along	g with a photocopy of your NYS DOH BEMS Attn: Certification Unit 875 Central Avenue Albany NY 12206										
Last Name														T	· · · · · ·									
Address																								
City																					Stat	e]	
Zip Code County Sex																								
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Participating Agency CFR / EMT / AEMT Number CFR EMT-B AEMT-I AEMT-CC EMT-P DOH Agency Code												-P												
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CFR	/ EN	<u>1T / A</u>	EMT	Expi	iratio	n Dat	te	I	1	1	Н	lome	Phor	ne										
(MM)		-	(DD)	-	(Y	YYY)				(A	Area C	ode)		•			-	•					
Branch of Military																								

Check appropriate box below if you are a CIC or CLI and your Instructor certification expired while on active duty.