NEW YORK STATE DEPARTMENT OF HEALTH Bureau of Emergency Medical Services

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Application for Emergency Medical Services Certification

Please print legibly in capital letters or type. Put letter or number in each box.
Course Number (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 I dentification Number (If you have one) Only write your NYS EMS number in this space
Last Name
First Name and M.I.
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)
City
Zip Code County Date of Birth
Month Day Year Social Security Sex On Teaching Faculty
X X X X X
(Enter M or F) YES NO
If you belong to an EMS agency, please indicate the agency code in the box(es) below.
Primary EMS Agency Secondary EMS Agency
Day Telephone Practical Skills Exam Date NYS Written Exam Date
Month Day Year Month Day Year
Personal Affirmation 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)

- Fill out this form legibly and accurately. Failure to do so can cause delay in your being allowed to test or inaccurate information on your certificate.
- 2. COURSE NUMBER: Fill in the course number. It is provided to the Instructor/ Coordinator on the course approval slip.
- 3. Check ORI GI NAL CERTI FI CATI ON Box if:
 - A. This is the first time you have enrolled in an Emergency Medical Services certification course or,
 - B. You are applying for an advanced EMT certification in a category in which you are not currently certified.
- 4. Check RECERTI FI CATI ON COURSE box if you are applying for recertification, basic or advanced.
- 5. EMS I DENTI FI CATI ON NUMBER: Enter the six (6) numbers of your EMS identification number. If your number is less than six digits, add zeros in front to complete the number of six digits (Example: EMS No. 94 would be 000094). Only enter your New York State EMS number.
- 6. NAME: Enter your last name. If you use a notation after your name (such as Jr.) enter it after your last name. In the next set of boxes, enter your first name in full, leave a space, and enter your middle initial. If you do not have room to enter your name in full, please abbreviate.
- 7. If you EMS certificate shows an incorrect name or you have changed your name since it was issued, check the box and write in the name that is on your current certificate.
- 8. ADDRESS: Write your mailing address. The first line is for your number and street, or post office box. Leave a space between words for box numbers. The second line is the city, state and the third line is for zip codeand county where you will be receiving your mail.
- 9. COUNTY: Enter the county in which you live. NOTE: Manhattan is New York (NEWY) Staten I sland is Richmond (RI CH) Brooklyn is Kings (KI NG) St. Lawrence is STLA Out of State is OUTS
- 10. DATE OF BI RTH: Enter your date of birth putting two digits each in the month, day and year boxes. Always use a "0" to complete 2 digits (i.e. January is "01")
- 11. SOCI AL SECURITY: Please fill in the last 4 digits of your social security number. This will be kept confidential by the New York State Department of Health and the Bureau of Emergency Medical Services.
- 12. SEX: M for male, F for female.
- 13. If you are part of the teaching faculty for this course, check Yes.
- 14. AGENCY CODE: Fill in the Department of Health numerical code assigned to the agency with which you provide prehospital care.
- 15. PRACTI CAL SKI LLS EXAM DATE: Fill in the date(s) of your Practical Skills Exam. This date will be provided by the Instructor/ Coordinator.
- 16. EXAMINATION DATE: Fill in the date that you will be taking the NYS certifying exam. This date will be provided by the Instructor/ Coordinator.
- 17. Read the statement and sign the application (if able) as you normally sign your name, and write in today's date. You are responsible for the statement's truth and accuracy.