

**NO-SSN**

**MASSACHUSETTS**  
**OFFICE OF EMERGENCY MEDICAL SERVICES**  
DEPARTMENT OF PUBLIC HEALTH

**MDPH/OEMS FORM**  
**200-60**  
**12/09/22**

**SUPPLEMENTAL AFFIDAVIT TO CERTIFICATION APPLICATION**

**CANDIDATES FOR EMERGENCY MEDICAL TECHNICIAN WITHOUT A SOCIAL SECURITY NUMBER**

**OVERVIEW**

This form is for individuals applying for all levels of certification who are currently NREMT certified but do not have an assigned Social Security Number. Each box on this form is mandatory, and we cannot accept faxed or emailed affidavits, please print this and mail with your complete paper application.

**PLEASE PRINT LEGIBLY IN BLACK OR BLUE INK**

**NAME:**

<input type="text"/>	<input type="text"/>	<input type="text"/>
FIRST	MIDDLE	LAST

**MAILING ADDRESS:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
STREET	CITY	STATE	ZIP CODE

**NATIONAL REGISTRY NUMBER:**

**DATE OF BIRTH** (mm/dd/yyyy):

**TELEPHONE NUMBER:**

**EMAIL ADDRESS:**

I \_\_\_\_\_, attest to the fact that I do not have a Social Security Number, because I am a non-U.S. citizen with valid authorization to work in the U.S. I acknowledge that should I obtain a Social Security Number, I am under the obligation to promptly supply that number to the Massachusetts Department of Public Health/Office of Emergency Medical Services, in accordance with M.G.L. C. 30A, § 13A.

Under the pains and penalties of perjury, I attest that everything in this statement is true and that the signature below is my true signature.

**SIGNATURE OF APPLICANT:**

**DATE:**