

OVERVIEW AND ELIGIBILITY

- Massachusetts certified Paramedics without NREMT certification requesting to drop down to EMT-Basic; or
- Massachusetts certified personnel with NREMT certification who are requesting to lower their MA certification level to match their NREMT level

Both of your certifications must be current and in good standing at the time of application and throughout the while the application is processed. This process will keep the existing expiration date, but will change the level of certification. You must still renew your state certification prior to expiration in order to function in MA as an EMT. Please visit our website for renewal documentation.

DEMOGRAPHICS - PLEASE PRINT LEGIBLY IN BLACK OR BLUE INK

REQUEST TO DROP DOWN LEVEL

MASSACHUSETTS
OFFICE OF EMERGENCY MEDICAL SERVICES
DEPARTMENT OF PUBLIC HEALTH

PLEASE READ CAREFULLY – LEVEL CHANGE REQUEST

Please note, by submitting this form and decreasing your certification level, you may have to RETAKE an initial training course in order to be certified again at a higher level. In Massachusetts any candidate for EMS certification will have to become NREMT certified at the level of certification they are applying for.

One of the following sections MUST be filled out

I am Massachusetts certified WITH NREMT certification requesting to go from:

☐ Paramedic (with NRP)

☐ Advanced EMT (NRAEMT)

to

☐ Advanced EMT (based on NRAEMT)

☐ EMT-Basic (based on NREMT)

or

I am Massachusetts certified WITHOUT NREMT certification requesting to go from:

☐ Paramedic

to

☐ EMT-Basic

CERTIFICATIONS AND AUTHORIZATIONS

1. I certify that I will fulfill my obligations to report abuse or neglect of children pursuant to M.G.L. c. 119, § 51A and to report abuse of elderly persons pursuant to c. 19A, § 15.
2. I certify that I have complied with the laws of the Commonwealth of Massachusetts relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.
3. I agree to abide by all rules and regulations of the Commonwealth of Massachusetts.
4. I authorize MDPH/OEMS to share my name, social security number, and demographic information with the National Registry of EMTs for the purpose of verifying certification status.
5. I agree to keep MDPH/OEMS informed in writing of any name or address changes over the course of my certification period. I understand that the name and address on this application shall be deemed the appropriate name and address to which all notices from the Department of Public Health will be sent, unless I notify MDPH/OEMS in writing of any changes.
6. I authorize MDPH/OEMS and its staff to contact the Criminal History Systems Board for access to conviction and pending criminal case data, as well as to contact other agencies as may be necessary to verify information related to this application. As an applicant for certification or recertification or as an EMT, I understand that a criminal history check may be conducted and that it will not automatically disqualify me.
7. I hereby certify that I meet all the criteria for certification as required by 105 CMR 170.000 et seq. Further, I certify under the penalty of perjury that the information contained in this application is correct and I acknowledge that any false, inaccurate, or omitted statement or document is grounds for denial, revocation or suspension of the certification which I am seeking to gain.

Physical signature of applicant: _____ Date: _____