**TO BE COMPLETED BY THE APPLICANT, THEN SENT TO THE STATE AGENCY IN WHICH YOU HAVE HELD CERTIFICATION/LICENSURE**

(Electronic completion preferred)

**NAME**:

FIRST MIDDLE LAST(former names put in parenthesis)

**NATIONAL EMS 12-DIGIT ID NUMBER**: **TODAY’S** **DATE (mm/dd/yyyy):**

(Found at www.nremt.org)

**BIRTH MONTH/DAY (mm/dd):**

**STATE OF CERTIFICATION/LICENSURE FROM WHICH YOU ARE REQUESTING VERIFICATION:**

**CERTIFICATION/LICENSE # (IN THE STATE ABOVE)**:

**LIST ALL STATES IN WHICH YOU HAVE HELD EMS CERTIFICATION/LICENSURE**:

**YOUR CONTACT INFORMATION:**

**MAILING ADDRESS:**

**EMAIL:**

**PHONE:**

**WHERE TO SEND THE COMPLETED FORM:**

Once the State EMS office has completed the form, please send this form by email, fax, or mail to:

Office of Emergency Medical Services

67 Forest Street, Marlborough, MA 01752

[oems.recert@mass.gov](mailto:oems.recert@mass.gov) **(email preferred)**

617-753-7320 (Fax)

**I hereby authorize the above named certifying or licensing agency to release any and all records related to my certification or license to the state requesting verification:**

**APPLICANT SIGNATURE:**

**(STATE EMS OFFICE TO COMPLETE NEXT PAGE)**

**TO BE COMPLETED BY THE STATE EMS OFFICE**

The above named individual is applying for certification/licensure and reported holding **current and/or prior** credentials from your agency. Please complete the following information regarding all current and/or prior certifications/licenses issued by your agency and **return the complete form directly to the agency the individual is applying to**. Please contact the application state if your agency has any questions or concerns.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **CERTIFICATION NUMBER** | **ISSUE**  **DATE** | **EXPIRATION DATE** | **NOTES /**  **COMMENTS** |
| **EMR** |  |  |  |  |
| **EMT/EMT-BASIC** |  |  |  |  |
| **ADVANCED EMT** |  |  |  |  |
| **PARAMEDIC/EMT-PARAMEDIC** |  |  |  |  |
| **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |  |
| **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |  |

|  |  |
| --- | --- |
| Are there any compliance, disciplinary, or agency action issues on record for the applicant’s certification/license, including, but not limited to suspensions and/or revocations?  YES(please attach documentation of the incident)  NO  UNKNOWN/UNABLE TO ANSWER | **To the best of your knowledge, has the applicant ever been convicted of a crime?**  YES(please attach documentation of the incident)  NO  UNKNOWN/UNABLE TO ANSWER |
| **Do you know of any reason that the applicant should be denied certification?**  YES(please attach documentation of the incident)  NO  If yes, please explain: | |

**The above certification was issued upon (check all that apply):**

INITIAL EDUCATION IN STATE

RECIPROCITY FROM ANOTHER STATE

**If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** NREMT

UNKNOWN

OTHER  
 **If other, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| INDIVIDUAL VERIFYING (**PRINT**) | TITLE |
| INDIVIDUAL VERIFYING (**SIGNATURE**)  **I hereby certify that, to the best of my knowledge, the information above is true to the records of this licensing agency and my electronic signature is considered my personal signature.** | DATE |
| (STATE) LICENSING AGENCY | PHONE NUMBER |

|  |
| --- |
| PLEASE RETURN THIS DOCUMENT **DIRECTLY** TO THE MA OEMS ADDRESS LISTED ON PAGE 1 |