



# MASSACHUSETTS

## OFFICE OF EMERGENCY MEDICAL SERVICES

DEPARTMENT OF PUBLIC HEALTH



**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](http://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)**



# M A S S A C H U S E T T S

## OFFICE OF EMERGENCY MEDICAL SERVICES

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### 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: _____				

<p><b>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?</b></p> <p><input type="checkbox"/> YES (please attach documentation of the incident)</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> UNKNOWN/UNABLE TO ANSWER</p>	<p><b>To the best of your knowledge, has the applicant ever been convicted of a crime?</b></p> <p><input type="checkbox"/> YES (please attach documentation of the incident)</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> UNKNOWN/UNABLE TO ANSWER</p>
<p><b>Do you know of any reason that the applicant should be denied certification?</b></p> <p><input type="checkbox"/> YES (please attach documentation of the incident)</p> <p><input type="checkbox"/> NO</p> <p><b>If yes, please explain:</b></p>  	

**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: \_\_\_\_\_

<p>INDIVIDUAL VERIFYING (<b>PRINT</b>)</p>	<p>TITLE</p>
<p>INDIVIDUAL VERIFYING (<b>SIGNATURE</b>)</p> <p>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.</p>	<p>DATE</p>
<p>(STATE) LICENSING AGENCY</p>	<p>PHONE NUMBER</p>