

**EMERGENCY MEDICAL TECHNICIAN
APPLICATION FOR RECIPROCITY**

SECTION I - TO BE COMPLETED BY APPLICANT																																									
Name of Applicant (<i>Last</i>)			(<i>First</i>) (<i>MI</i>)		NJ EMS ID Number																																				
Street Address			Date of Birth (<i>MM/DD/YYYY</i>)		____ / ____ / ____																																				
City	State	Zip Code		Home Telephone No. ()																																					
Email Address			Cell Phone No. ()																																						
<p>Are you currently certified by the National Registry? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, National Registry Number: _____</p> <p>Expiration Date: _____ Date Issued: _____</p>																																									
<p>Are you now, or have you ever been certified or licensed by any state(s) agency or the NREMT? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide the following information for each state:</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;"></th> <th style="width:15%; text-align: center;">1</th> <th style="width:15%; text-align: center;">2</th> <th style="width:15%; text-align: center;">3</th> <th style="width:15%; text-align: center;">4</th> <th style="width:15%; text-align: center;">5</th> </tr> </thead> <tbody> <tr> <td>State:</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>State ID No.:</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Certification Type:</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Issue Date:</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Exp. Date:</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>							1	2	3	4	5	State:	_____	_____	_____	_____	_____	State ID No.:	_____	_____	_____	_____	_____	Certification Type:	_____	_____	_____	_____	_____	Issue Date:	_____	_____	_____	_____	_____	Exp. Date:	_____	_____	_____	_____	_____
	1	2	3	4	5																																				
State:	_____	_____	_____	_____	_____																																				
State ID No.:	_____	_____	_____	_____	_____																																				
Certification Type:	_____	_____	_____	_____	_____																																				
Issue Date:	_____	_____	_____	_____	_____																																				
Exp. Date:	_____	_____	_____	_____	_____																																				
<p>Certification Action and Criminal Statement</p> <p>1. Have you ever been charged (legal resolution still pending), convicted, placed on probation, entered into a pre-trial intervention (PTI) program, or entered into a plea agreement in connection with a violation of law under the laws of any state, the federal government, or any other jurisdiction, other than non-felony DUI/DWI, local ordinance violation, or minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Have you been subjected to limitation, suspension or termination of your right to practice in a health care occupation or have you voluntarily surrendered a health care license and/or certification in any state or to any agency authorizing the legal right to work? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered "Yes" to one or both of the above questions, you must complete a background check through this Office and provide official documentation that fully describes the offense, current status and disposition.</p>																																									
<input type="checkbox"/> I affirm that all of the above information is true and correct. I understand that any misrepresentation of fact may be grounds to deny/revoke my request for EMT reciprocity.																																									
Signature of Applicant				Date																																					

**EMERGENCY MEDICAL TECHNICIAN
APPLICATION FOR RECIPROCITY
(Continued)**

Name of Applicant (<i>Last</i>)	<i>(First)</i>	<i>(MI)</i>	NJ EMS ID Number
SECTION II - TO BE COMPLETED BY CERTIFYING STATE OR AGENCY			
<p>1. Is the applicant's information considered to be true and correct? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, please explain:</i> _____</p>			
<p>2. Has the applicant completed an approved EMT program to the standards of the 2009 National Education Standards, 2005 National EMS Core Content, 2007 National Scope of Practice Model, and the most current American Heart Association Emergency Cardiac Care Guidelines? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If No, has the applicant completed a minimum of 110-hour EMT-B program to the standards of the 1994 National DOT curriculum?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, please explain:</i> _____</p>			
<p>3. Is the applicant's certification/license considered to be current and active? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, please explain:</i> _____</p>			
<p>4. Is this certification/license based on reciprocity? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, from where?</i> _____</p>			
<p>5. Has the applicant's certification/license ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please explain:</i> _____</p>			
<p>6. Has the applicant ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please supply any relevant documentation.</i></p>			
<p>7. Has the applicant ever voluntarily surrendered his/her certification/license? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please explain:</i> _____</p>			
<p>8. Is there any reason reciprocity should not be granted to the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please explain:</i> _____</p>			
Name of Official (<i>Print</i>)		Title	
Email Address	Telephone No.		State/Territory
Signature of Official			Date