

New Jersey Department of Health  
Office of Emergency Medical Services  
P.O. Box 360  
Trenton, NJ 08625-0360

**ADVANCED LIFE SUPPORT  
APPLICATION FOR PROVIDER RECERTIFICATION**

Name of Provider

Social Security No. (Last 4 Digits Only)

Mailing Address (Required for OEMS Use Only.  
Must be a physical address; no PO Box or Mail Stop numbers accepted.)

NJ Certification Number

City, State, Zip Code

Telephone Number

Public Address  
(Optional - the Department will provide this address for requests of government records.)

Cell Number

City, State, Zip Code

Email Address

Provider Level

MICP     MICN     ACM/FP     ACM/FN

MICU Program

**Certification Expiration Dates**

ACLS Expiration  
(attach copy)

BCLS Expiration  
(attach copy)

PALS or PEPP-Advance  
(attach copy)

RN License Expiration

**Continuing Education Hours**

Airway, Breathing  
and Cardiology

Medical  
Emergencies

Traumatic  
Emergencies

OB and Pediatric  
Emergencies

Operational Tasks  
(ICS/WMD/HAZMAT)

**TOTAL  
(Minimum 48 Hrs)**

**Certification Action and Criminal Statement**

1. Have you ever been charged, convicted, placed on probation, entered into a pre-trial intervention (PTI) program or entered into a plea bargain in connection with a violation of law under the laws of any state, the federal government, or any other jurisdiction, other than a minor traffic violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been subjected to limitation, suspension, or termination of your right to practice in a health care occupation or voluntarily surrender a health care licensure in any state or to an agency authorizing the legal right to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "Yes" to the either of the above questions, you must provide official documentation that fully describes the offense, current status, and disposition of the case.

I hereby affirm that the above statements and information is true and correct, including the completion of the continuing education hours for this certification period, and that I am eligible for recertification.

Signature of Provider

Date

**ADVANCED LIFE SUPPORT  
APPLICATION FOR PROVIDER RECERTIFICATION  
(CONTINUED)**

Name of Provider

NJ Certification Number

**TO BE COMPLETED BY MICU MEDICAL DIRECTOR**

**Verification of Skill Maintenance**

	Q/A:Q/I	Direct	Other
Patient Assessment and Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilatory Management Skills / Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac Arrest Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hemorrhage Control and Splinting Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV and IO Therapy, and Medication Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spinal Immobilization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OB/Gynecologic Skills / Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communications and Documentation Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As the MICU Medical Director, I do hereby affix my signature attesting to the continued competence in all the skills outlined in the above verification.

Signature of Medical Director

Date

**TO BE COMPLETED BY EMS DIRECTOR**

I certify that the above-named pre-hospital ALS care provider has demonstrated clinical competence, is actively affiliated with this MICU, and to the best of my knowledge has met all requirements for recertification.

Signature of EMS Director

Date

Signature of EMS Educator

Date

**Recertification forms are due to OEMS by the 30th of the month preceding the expiration date.**

**Copies of ACLS, BLS and PALS or PEPP-Advanced cards must be attached.**

**ADVANCED LIFE SUPPORT  
APPLICATION FOR PROVIDER RECERTIFICATION  
(CONTINUED)**

**ATTACHMENTS**

Affix ACLS Card Here

Affix BLS Card Here

Affix PALS or PEPP-Advance  
Card Here