New Jersey Department of Health
Office of Emergency Medical Services (OEMS)
PO Box 360, Trenton, NJ 087625

VACCINATOR VERIFICATION FOR EXECUTIVE DIRECTIVE # 20-037 (Revised)

Section 1: To be completed by applicant

First Name	Last Name	Middle Initial
Date of Birth	Primary Phone #	
Mailing Address		
City	State	Zip Code
Primary email address		

Provide the following information for every state, jurisdiction or country you are/were certified/licensed

State, jurisdiction, country, NREMT	Certification/License #	Issue Date	Expiration Date

- ♦ *Send this document to EVERY state, jurisdiction, country, and/or NREMT you have been certified or licensed for verification.*

Section 2: To be completed by state, jurisdiction, country, and/or NREMT

State, jurisdiction, country, NREMT Certification/License # Certification/License Expiration

Certification/License Status	○ Current	○ Expired	○ Inactive

Is the applicant's certification currently in good standing with the issuing state, jurisdiction, country or, if the applicant's certification is now expired, inactive or lapsed, was it in good standing prior to the date the certification went inactive, expired or lapsed?	○ Yes	○ No
Has the applicant completed an approved paramedic program?	○ Yes	○ No
Has the applicant incurred any disciplinary proceedings in your state/jurisdiction/country or are there any disciplinary proceedings pending?	○ Yes	○ No
Was the applicant's certification ever surrendered while under suspension, discipline or investigation by the issuing State/jurisdiction/county	○ Yes	○ No
Has the applicant's certification/license ever been limited, denied, surrendered, reprimanded, suspended or revoked?	○ Yes	○ No
Was the applicant's certification ever surrendered following an arrest?	○ Yes	○ No
Is the applicant on the List of Excluded Individuals/Entities maintained by the U.S. Department of Health and Human Services, Office of Inspector General?	○ Yes	○ No

First & Last Name & Signature of Official completing this verification form Date