

**Please type or print legibly in capital letters.**  
**This form must be *completed and returned* to the Course Sponsor *prior* to completion of the course.**

Course Number \_\_\_\_\_

**Check if this application is for:**     Original Certification     Recertification    **(If you are recertifying you must include your NYS EMS I.D. Number)**

EMS Identification Number (If you have one)  
Only write your NYS EMS number in this space \_\_\_\_\_

Applicant's Last Name \_\_\_\_\_

Applicant's First Name & M.I. \_\_\_\_\_

Social Security Number \_\_\_\_\_    Date of Birth \_\_\_\_\_

**If you belong to an EMS agency, please indicate the agency code below.**

Primary EMS Agency    Secondary EMS Agency  
\_\_\_\_\_  
\_\_\_\_\_

**Primary Agency Name**

\_\_\_\_\_

**Primary Agency Captain, Chief, or other agency official *signing the affirmation on this form***

Agency Official's Last Name \_\_\_\_\_    NYS EMS Identification #  
(if you have one)

Agency Official's First Name & M.I. \_\_\_\_\_

Agency Official's Title \_\_\_\_\_

**Personal Affirmation (Read Carefully before signing)**

I, as an official representative of the primary NYS EMS agency listed on this form, affirm that the applicant named on this form is a member of the primary NYS EMS service. I further understand that offering or providing false information on this document may constitute a crime under the penal law and may subject any certification to revocation or other Department action.

I, as the applicant, hereby certify that all of the information contained in this applicatoin is true and correct and that the signature below is mine as applicant. I further understand that offering or providing flase information on this document may constitute a crime under the penal law and may subject any certification to revocation or other Department action.

\_\_\_\_\_  
**Signature** - Agency Official    Date

\_\_\_\_\_  
**Signature** - Applicant    Date