

**NEW YORK STATE DEPARTMENT OF HEALTH  
Bureau of Emergency Medical Services**

**Verification of Membership  
in a NYS EMS Agency**

Please print legibly in capital letters or type. Put one letter or number in each box.  
This form must be completed and returned to the Course Sponsor prior to the completion of the course.

Course Number 

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 (Please retain this number for future reference)

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) 

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Only write your NYS EMS number in this space

Applicant's Last Name 

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Applicant's First Name and M.I. 

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If you belong to an EMS agency, please indicate the agency code in the box(es) below.

<b>Primary EMS Agency</b>	<b>Secondary EMS Agency</b>								
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				

**Primary Agency Name**

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

**Last Name**

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**First Name and M.I.**

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**NYS EMS Identification  
Number (If you have one)**

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**Official's Agency Title**

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<p><b>Personal Affirmation</b></p> <p>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.</p> <p>I, as the applicant, hereby certify that all of the information contained in this application is true and correct and that the signature below is mine as applicant. 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.</p>	<p><b>Read Carefully Before Signing</b></p>
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\_\_\_\_\_  
(Agency Official's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant's Signature)  
DOH-3312 (5/07)

\_\_\_\_\_  
(Date)