

New Jersey Department of Health
Office of Emergency Medical Services
PO Box 360
Trenton, NJ 08625-0360
609-633-7777 609-633-7839 (Fax)

EMT VERIFICATION REPORT

Provider Name		Telephone Number	Fax Number
Name of Person Requesting	Signature		Date

PLEASE PRINT OR TYPE!		FOR OEMS USE ONLY				
Name of Provider	ID Number	Level of Provider	Status	Actions	Expiration	Initial Cert. Date

Verifying OEMS Staff	Date
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