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

# EMERGENCY MEDICAL TECHNICIAN-PARAMEDIC PROVIDER RECIPROCITY APPLICATION

| Name of Applicant | | | Name of Sponsoring Hospital |
|---|---|---|---|
| Mailing Address *(Required for OEMS Use Only. Must be a physical address; no PO Box or Mail Stop numbers accepted.)* | | | Public Address *(Optional - the Department will provide this address for requests of government records.)* |
| Date of Birth | Social Security Number | Telephone Number ( ) | Email Address |
| Initial Training Site | | | Name of Contact Person |
| Mailing Address | | | Telephone Number ( ) |

Training Hours:
Didactic: Clinical: Field:

Are you certified with a state certification?
☐ Yes ☐ No If Yes, provide the following information:
State: _____ Initial Certification Date: _____ Expiration Date: _____

Are you currently certified by the National Registry?
☐ Yes ☐ No If Yes, provide the following information:
Registry ID Number: _____ Expiration Date: _____

Has the candidate's EMT-Basic or EMT-Paramedic certification, license or registration ever been suspended or revoked?
☐ Yes ☐ No
Comments: _____

**Candidate**

☐ Yes ☐ No Have you ever been charged, convicted, placed on probation, entered into 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?

☐ Yes ☐ No Have you ever been subjected to limitation, suspension, or termination or 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?

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

| Signature of Applicant | Date of Application |
|---|---|

**Sponsor**

I affirm that the above-named mobile intensive care unit agrees to sponsor the above-named candidate for paramedic reciprocity in accordance with N.J.A.C. 8:41-4.15.

| Signature of Director or EMS Educator | Date |
|---|---|

*All signatures must be original, photocopies and mechanically reproduced signatures will not be accepted. Attach copies of state paramedic card, National Registry of EMT card, current CPR and ACLS certification cards.*

*It is a crime to file any document which is knowingly false or contains false information. (2C:21-3.4)*