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

BASIC LIFE SUPPORT (BLS)
APPLICATION FOR PROVIDER RECERTIFICATION

Mail completed application to the above address.

Name of Provider

ID Number

Mailing Address *(Required for OEMS Use Only. Must be a physical address; no PO Box or Mail Stop numbers accepted.)*

NJ Certification Number

City, State, Zip Code

Telephone Number

Public Address
(Optional - the Department will provide this address for requests of government records.)

Cell Number

City, State, Zip Code

Email Address

You MUST notify OEMS in writing of any changes in name and/or address.

EMS Affiliation

☐ Paid ☐ Volunteer ☐ Not Affiliated

Type of Service

☐ FD ☐ Hospital ☐ Private ☐ Municipal ☐ US Government/Military ☐ 3rd Service
☐ Other, Specify:

CPR Certification (affix card to recertification application)

CPR Expiration Date*(attach copy)*

Attach a copy of your Healthcare Provider CPR certification (Adult 1 and 2 Rescuer CPR, Adult FBOA, Child CPR, Child FboOA, Infant CPR, Infant FBOA)

EMT-Basic Refresher Training (attach proof of attendance)

Approved Refresher Course (24 Hours) Course Sponsor	EMS Preparedness Training (List courses on Page 2) Hours (Minimum 12 hours)	Elective Credits (List Courses on Page 2) Hours (Minimum 12 hours)	Total Credit Hours (Minimum 48 Hours)

Certification Action and Criminal Statement

1.	Have you ever been charged, convicted, placed on probation, entered into a 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
2.	Have you ever been subjected to limitation, suspension, or termination of 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?	☐ Yes ☐ No

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

I hereby affirm that the above statements and information is true and correct, including the completion of the continuing education hours for this certification period, and that I am eligible for recertification.

Signature of Provider

Date

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APPLICATION FOR PROVIDER RECERTIFICATION
(CONTINUED)

Name of Provider

NJ Certification Number

Verification of Skill Maintenance	Q/A:Q/I	Direct Observation	Other
Patient Assessment – Medical and Trauma	☐	☐	☐
Ventilatory Management Skills/Knowledge (simple adjuncts, O_2 delivery, BVM)	☐	☐	☐
Cardiac Arrest Management/AED	☐	☐	☐
Hemorrhage Control and Splinting Procedures	☐	☐	☐
Spinal Immobilization	☐	☐	☐
OB/Gynecologic Skills/Knowledge	☐	☐	☐
Communications and Documentation Skills	☐	☐	☐
Other related Skills/Knowledge (i.e., report writing and documentation)	☐	☐	☐

As the EMS Training Officer or designee, I do hereby affix my signature attesting to the continued competence in all the skills outlined in the above verification.

Print Name of EMS Training Officer or Designee

Signature of EMS Training Officer or Designee

Date

Affix BLS Card Here

BASIC LIFE SUPPORT
APPLICATION FOR PROVIDER RECERTIFICATION
(CONTINUED)

Name of Provider	NJ Certification Number

Details of Recertification Training

Date Completed	Topic of Training/ Course Name	Sponsor and Location of Course	Hours Rec'd	Category Type: R=Refresher P=Preparedness E-Elective

Proof of attendance MUST be retained by provider and is subject to audits from OEMS.