STATE OF MARYLAND

MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS

REQUEST FOR (check one):

❑ RECIPROCAL CERTIFICATION ❑ REINSTATEMENT

AS A MARYLAND (check one): ❑ FIRST RESPONDER ❑ EMT-B

PLEASE TYPE OR PRINT

Social Security # ___ ___ ___ ___ ___ ___ ___ ___ ___

Last Name _____ **First Name** _____ **Mid. Int.** ___

Home Address _____

City _____ **State** ___ **County** _____ **Zip Code** _____

Birthdate ___ ___ **Month** ___ ___ **Day** ___ ___ **Year** **Sex** ___

Home Phone ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Business Phone ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Education (circle highest grade completed) **Elem** 5 6 7 8 **H.S.** 1 2 3 4 **College** 1 2 3 4 **Post Grad** 1 2

All applicants for certification must truthfully answer these questions:

1. **Have you ever applied for BLS licensure or certification in any state other than Maryland?**
   NO____ YES____ *(Attach copy of state certification or license.)*
2. **Have you had any healthcare certification or license witheld, suspended, revoked, or denied, or have you surrendered, or allowed a license or certificate to expire or lapse as the result of an investigation or disciplinary action?**
3. **Have you ever been convicted of, or pled guilty to, or pled nolo contendre to, or received probation before judgment for any crime other than a minor traffic violation?**
   NO____ YES____

Note: *If yes to #2 or #3, you must submit documentation that fully describes the offense, copies of relevant court documents, disposition, and current status to the Compliance Office at 653 West Pratt Street, Baltimore, Maryland 21201-1536 (Telephone: 410-706-2339). Failure to submit complete documentation will delay the processing of your application.*

CURRENT CERTIFICATION DATA (FOR RECIPROCAL CERTIFICATION CANDIDATES ONLY):

STATE/NATIONAL REGISTRY: _____ CERTIFICATION NUMBER: _____

ORIGINAL CERTIFICATION DATE: _____ EXPIRATION DATE: _____

FOR RECIPROCAL CERTIFICATION PLEASE SUBMIT THE FOLLOWING WITH YOUR REQUEST FORM:

1. COPY OF CURRENT OUT-OF-STATE OR NATIONAL REGISTRY CARD
2. COPY OF CURRENT PROVIDER LEVEL CPR CARD
3. MONEY ORDER OR CASHIER'S CHECK IN THE AMOUNT OF $35.00, MADE PAYABLE TO "MIEMSS-EDUCATION"

BY MY SIGNATURE I HEREBY:

1. UNDERSTAND THAT ALL OF THE ABOVE INFORMATION I HAVE GIVEN IS SUBJECT TO VERIFICATION.
2. AFFIRM AND DECLARE THAT ALL OF THE ABOVE INFORMATION I PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.
3. ACKNOWLEDGE THAT ANY FRAUDULENT ENTRY MY BE CONSIDERED SUFFICIENT CAUSE FOR REJECTION OR SUBSEQUENT REVOCATION.

Signature of Applicant	**Date**

RETURN FORM TO: MIEMSS OFFICE OF EDUCATION, LICENSURE AND CERTIFICATION
653 WEST PRATT STREET
BALTIMORE, MD 21201-1536