

Name; _____, EMT #; _____ Expiration Date _____

Agency; _____, Agency Code; _____

**New York State Department of Health
Bureau of Emergency Medical Services
Three Year CME Recertification Program**

(Circle one of the following):

(Basic) (AEMT) (CC) (Paramedic)

Certification Renewal Cover Sheet

Return Completed Application to:

CME Recertification Program
Bureau of EMS
875 Central Ave
Albany, New York 12206-1388

- Check List: _____ **Is your address correct?**
_____ **Is your EMT # Correct?**
_____ **Core Content complete and signed off on each topic by a CIC?**
_____ **Does your Additional non-core list- topics, dates, and CME hours earned?**
_____ **Each Skill has been reviewed, marked off, and verified by Medical Director/Training Officer?**
_____ **Have you signed page one, and page two?**
_____ **Has your Agency Coordinator signed your application?**
_____ **Did you include copies of- CPR card, ACLS card (Paramedic Only)**
_____ **Did you include- Certificates, and CIC verification of conferences and Seminars?**
_____ **Is it greater than 45 days before your certification expires?**
_____ **Are you sure you are registered (form 4226) to the Agency sponsoring your recertification?**

DOH Review:

_____ Meets NYS-EMS guidelines for re-certification

_____ Return to Applicant for additional information

DOH Review by: _____ Date: _____