



STATE OF MARYLAND

MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS
REQUEST FOR (check one):

RECIPROCAL CERTIFICATION

REINSTATEMENT

AS A MARYLAND (check one): EMERGENCY MEDICAL RESPONDER EMERGENCY MEDICAL TECHNICIAN

PLEASE TYPE OR PRINT

Form fields for Social Security #, Last Name, First Name, Mid. Int., Home Address, City, State, County, Zip Code, Birthdate (Month, Day, Year), Sex, Home Phone, Business Phone, and Education (Elem 5-8, H.S. 1-4, College 1-4, 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 withheld, 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? NO YES
3. Have you ever been convicted of, or pled guilty to, or pled nolo contendere 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