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** ☐☐ ☐☐ ☐☐ **Sex** ☐ ☐☐☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐☐☐

Month Day Year 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?**
   **NO____ YES____**
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 $25.00, 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