

**New York State Department of Health
Bureau of Emergency Medical Services**

Reciprocity Packet

Application and Instructions

For EMS Certification Based on
Out-of-State and Military EMS
Certification or Licensure



Reciprocity Unit
New York State Department of Health
Bureau of Emergency Medical Services
875 Central Avenue
Albany, New York 12206-1388

Reciprocal Certification

The New York State Department of Health, Bureau of Emergency Medical Services (BEMS) considers granting reciprocal certification to individuals who hold certification within the fifty (50) states and from the District of Columbia. NYS does not grant reciprocity to individuals who have obtained certification from other countries or the US Territories, unless they have a current National Registry of EMT's (NREMT) certification.

Reciprocity means granting NYS certification based on certification from another state or NREMT rather than taking a NYS original or refresher course. NYS recognizes EMR/CFR, EMT, AEMT and Paramedic.

THE FOLLOWING CRITERIA MUST BE MET IN ORDER TO BE ELIGIBLE FOR RECIPROCITY:

- a. The applicant is at least 18 years of age for EMT, AEMT or Paramedic (16 years of age for CFR).
- b. The applicant has not been convicted of any misdemeanors or felonies in accordance with 10 NYCRR 800. (Title 10 of the Official Compilation of Codes, Rules and Regulations Part 800, see appendix)
- c. The applicant has successfully completed a course that meets or exceeds a curriculum based on the current National EMS Education Guidelines for the level sought.
- d. The applicant has successfully completed a state recognized or NREMT practical skills examination within the past 18 months from the date of application submission.
- e. The applicant has successfully completed a state recognized or NREMT written examination within the past 18 months from the date of application submission.
- f. The applicant has received state certification or licensure from their home state EMS authority or has a current National Registry of EMT certification based on a non-NYS EMS educational program completion.

Determining Your Eligibility for Reciprocity

Please use the following descriptions to determine eligibility for reciprocity and file the application packet accordingly.

Allied Healthcare Providers

The Bureau of EMS is **ONLY** able to grant reciprocity based on levels of **EMS certification or licensure** issued by another state or through the NREMT. New York State licensed allied health professionals may be eligible for advanced standing in an EMS course. This is **not** reciprocity. Please refer to the current BEMS Policy Statement that pertains to Advanced Standing.

Previously/Currently Certified in New York State

Applicants may be eligible to apply for reciprocity at a level for which they have previously been certified in NYS. However, applicants must have successfully completed a state or NREMT recognized Practical Skills and Written examination within the last 18 months. If this testing requirement has not been met, recertification **MUST** be obtained by completing the NYS examination process testing requirements. This includes successfully passing the state practical skills and written certification examinations. If the applicant requires a refresher course, locations may be obtained from a Course Sponsor or the Regional Council as listed on the following site:

<http://www.health.ny.gov/professionals/ems/certification/reciprocity.htm>

National Registry of EMTs (NREMT)

The Bureau of EMS is able to grant direct reciprocity for individuals who hold only National Registry certification, as long as they have completed a state recognized or NREMT Practical Skills and Written Examination within the last 18 months. Applicants who have not successfully completed these testing requirements, **MAY** be issued a letter allowing enrollment into a New York State approved Practical Skills and Written examination. Current NREMT certification must be based on a non-NYS EMS educational program and must have been less than 50% online didactic education.

Military Trained/National Park Services Affiliated

The Bureau of EMS may be able to grant reciprocity to a member or veteran of the United States military who received training from the Army, Navy, Air Force, Marines, Coast Guard, or to members of the National Park Services if the following conditions have occurred:

1. Training was completed at a military branch medical training facility (Base, Post, Fort or Station) which has been identified to the Department of Health as the location for all training of military service medical personnel,
2. The training followed the US DOT EMT standard curriculum,
3. The applicant has submitted a certificate of completion from the specific branch of military service and documentation that the duty assignment was medical in nature and comparable to a civilian EMT (e.g. Army MOS 68W), and
4. Have successfully completed a state or NR practical skills and written certification exam within the last 3 years.

BEMS Course Sponsors

BEMS approved course sponsors may accept any reciprocity applicant to complete a NYS Final Practical Skills Examination. Each course sponsor must contact the BEMS Central Office to obtain directions on how to enroll these individuals. Applicants will contact course sponsors directly to arrange admission to their PSE and they will have a letter of admission to the PSE from BEMS. BEMS funding for the PSE is available for anyone who takes the PSE. Once BEMS has received proof that an applicant has successfully completed the NYS Final PSE, the applicant will be scheduled at a Regional Test Site to take the NYS Written Certification Examination.

Applicants with Criminal Convictions

According to New York State regulations (10 NYCRR 800), if you have been convicted of any misdemeanors or felonies or are currently under charges for such a crime, the department reserves the right to deny you EMS certification. Each situation is reviewed individually and a decision is made whether or not to allow applicants to become certified. If your application is falsified, your certification may be revoked and/or a civil penalty may be imposed. The following is an excerpt from policy statement 02-02, which can be found at our web site at:

<http://www.health.ny.gov/professionals/ems/pdf/02-02.pdf>

In accordance with the provisions of the State Emergency Medical Services (EMS) Code - Part 800; candidates for EMS certification or recertification must not have been convicted of certain misdemeanors or felonies. The Department of Health (DOH) will review all criminal convictions from any federal, military or state jurisdiction to determine if such convictions fall within the scope of those specified in Part 800, or represent a potential risk or danger to patients or the public at large.

The regulation does not prevent a candidate with a criminal conviction from attending and completing all of the requirements of an EMS course. However, it may prevent the candidates from becoming certified in New York State until DOH has reviewed the circumstances of the conviction(s) and made a determination that the candidate does not demonstrate a risk or danger to patients. If DOH makes such a determination, the candidate will be eligible to take the NYS practical and written certification examinations, if otherwise qualified. Applicants with such a record of charges, or who are uncertain of such charges against them should not sign the application form, but may submit the application for review and investigation. Candidates **WILL NOT** be permitted to take the NYS practical or written certification examinations until the background review and investigation is completed and a determination is made.

Returned Applications

Occasionally applicants send in reciprocity packets that are missing documents, application forms, filing fees, or other necessary information. If your application packet is returned to you for any reason, you will have 90 days from the receipt by DOH of your packet to correct any deficiencies and resubmit your packet for continued processing. Should you fail to submit required materials within the 90 day period your application fee will expire. If you wish to reapply, you will be required to resubmit your application with the normal first time filing fee. It is important for you to follow all instructions included with a returned packet in order to minimize any delay in processing your reciprocity request.

Unrecognized Reciprocities

Reciprocity is not granted for any certification or license that was obtained by reciprocity. If the applicant was granted reciprocity by the state from which they are applying, the applicant must also have completed that state's refresher and/or training requirements, including a practical and written exam within the last 18 months.

Length of Certification

New York State generally issues certification for up to 37 months. For reciprocity applicants, the Bureau of EMS will issue certification for the time remaining on the applicant's current state or NREMT certification or license as long as it does not exceed 37 months. If there is no expiration date listed on your current certification or license or the current expiration date exceeds 37 months NYS will grant a certification that will expire 37 months from the date the application for reciprocity is approved and NYS certification is issued.

Renewing / Refreshing Reciprocal Certification

Once an applicant has received reciprocity from NYS for out-of-state certification or license he/she may renew New York State certification by enrolling in and completing the requirements of a New York State refresher program if he/she wishes, but it is not required.

Requesting a Reciprocity Application Packet

To receive an application and instructions for reciprocity from NYS, visit our web site at <http://www.health.ny.gov/professionals/ems/certification/reciprocity.htm>

You may also contact the Reciprocity Unit at:
518-402-0996 Ext. 1&3

Or mail a request to:
New York State Department of Health
Bureau of EMS, Reciprocity Unit
875 Central Avenue
Albany, NY 12206-1388

Please include your full name, current street address or PO Box, city, state and zip code and daytime phone number.

Guide to Applying for Reciprocal Certification in NYS

All the forms and information necessary for filing are included. Please read the following instructions and follow them carefully. Failure to correctly submit your packet as instructed may cause delays or denial of your application.

STEP #1 - Determine your eligibility for New York State reciprocity based on the information on Page 1 of this packet

The application MUST be returned notarized.

- STEP #2 - Fill out the form titled “**Application for New York State EMT Reciprocity**” DOH-2183 (03/03) found in this booklet. Complete all questions legibly and carefully read the Personal Affirmation Statement (shaded area). If the statement is true, it must be signed and dated. If it is not true do not sign and see section on criminal convictions. In addition you must sign the application in the lower right corner in the presence of a Notary.
- STEP #3 - Complete the top portion of the “**EMT Sheet for Reciprocity**” DOH-2177 (2/96) **PLEASE PRINT NEATLY IN BLOCK CAPITAL LETTERS ONE LETTER OR NUMBER IN EACH BOX.**
- STEP #4 - Fill out the **TOP (un-shaded)** portion of the form titled “**Verification of EMT Certification**”. Leave the shaded portion and the bottom sections blank. Send this form to the EMS office of the state where you are currently certified or licensed along with a self-addressed, stamped envelope (not provided in packet). The state EMS office will complete the middle portion of the form to verify your certification or licensure status and will return the form to **you** in the envelope you provided.
DO NOT OPEN THE ENVELOPE. Leave the envelope sealed, and send it with your completed application. ***Applicants who hold only National Registry status DO NOT need to send this form to National Registry. Complete only the top portion of the verification form and submit it to NYS DOH with the rest of your packet.***
- STEP #5 - Make photocopies of your state or NREMT issued certification card or license and valid CPR provider card. If you have military training and National Registry status, include photocopies of your military medical training certificates and all pertinent documents with your application. These documents are required to process your request for reciprocity and will not be returned.

DO NOT submit original documents

- STEP #6 - The application filing fee must be in the form of a certified check, money order, or other form of guaranteed funds. The fee is \$50.00. The fee must be made payable to **New York State Department of Health** and is not refundable for any reason regardless of your application determination.

PERSONAL CHECKS or CASH WILL NOT BE ACCEPTED

- STEP #7 - Mail your completed application packet to the address at the bottom of the checklist. You may use the address provided at the end of the checklist as your mailing label by cutting it out and taping it to the outside of your mailing envelope.

You may wish to submit your packet by certified mail with a return receipt requested to ensure your packet is received by the NYS Bureau of EMS.

If you are not certain that you are eligible for reciprocity, please contact our Reciprocity Unit at (518) 402-0996 or write to: Reciprocity Unit, New York State Department of Health, Bureau of Emergency Medical Services, 875 Central Avenue, Albany NY 12206-1388

Fees for Reciprocity Applications

\$50.00 for all levels of certification

Certified Check or Money Order made payable to NYS Dept. of Health

No Personal Checks will be Accepted

Instructions for Completion of the EMT Sheet for Reciprocity

Each field on this form must be filled out legibly and accurately. Failure to do so may cause a delay in the processing of your application for reciprocity. Only **ONE** letter or number may be entered in each box of a given field.

YOU MUST CAPITALIZE EACH LETTER ON THIS FORM.

EMT Number: Leave this box **BLANK** unless you were issued a New York State EMT number in the past. If you did hold a NYS EMT number at some time in the past, please enter it as it appears on your certification card.

Last Name & Suffix: Enter your last name. If you use a suffix such as Jr., Sr., III, etc. skip one space after your last name and enter the suffix.

First Name & Middle Initial: Enter your first name, skip a space, and enter your middle initial.

Address: Enter your mailing address. You must include your house, apartment, or post office box number, the street name, and any other address information that is commonly used for your mail delivery.

City: Enter the city, village, or town for your mailing address.

State: Enter the state for your mailing address.

Zip Code: Enter the zip code for your mailing address.

County: Enter the first four (4) letters of the name of the COUNTY for your mailing address. NOTE: Manhattan is NEWY, Staten Island is RICH, Brooklyn is KING, and St. Lawrence is STLA. **If you live outside of New York State, you must enter OUTS.**

Date of Birth: Enter your date of birth. The date should be formatted as month/day/year (MM/DD/YY). Use zero (0) in front of single digits. [Example: February 6, 1960 would be entered as 02 06 60]

Sex: Enter F if you are a female or M if you are a male.

Social Security Number: Enter your Social Security Number.

Do not enter any information in any field on this form other than the fields listed above.

THIS SECTION TO BE COMPLETED BY THE APPLICANT. PLEASE TYPE OR NEATLY PRINT IN CAPITAL BLOCK LETTERS.

Home State or NREMT EMS ID Number _____ Social Security Number **XXX-XX-**_____
Name _____ Date of Birth _____
MM DD YY

THIS SECTION TO BE COMPLETED BY THE CURRENT CERTIFYING STATE EMS OFFICE.

Certification/Registration Number _____
Expiration Date of Current Certification _____ Date of Original Certification _____
MM DD YY MM DD YY

Was the applicant's original certification course based on more than 50% online or distributive learning of the cognitive objectives?

Yes No Unknown

If yes, what is the name of the school or program? _____

Date Completed Course _____
MM DD YY

Has applicant refreshed his/her certification in your state?

Yes No If yes, give date _____
MM DD YY

Has this person successfully completed a state or NREMT written and practical exams for certification within the last 18 months?

Yes No If yes, give date _____
MM DD YY

Was certification based on reciprocity from another state or U.S. military?

Yes No If yes, indicate state or which armed service _____

If yes, has this person completed training requirements or a refresher course since initial reciprocity?

Yes No If yes, give date _____
MM DD YY

Level of Certification Please check highest level certification currently held:

- EMR/CFR Course Met or Exceeded NHTSA 2009 Education Standards
- EMT Course Met or Exceeded NHTSA 2009 Education Standards
- AEMT Course Met or Exceeded NHTSA 2009 Education Standards
- Paramedic Course Met or Exceeded NHTSA 2009 Education Standards
- Other Please explain or attach copy of curriculum _____

Is there any reason that reciprocity should NOT be granted this person?

Yes No If yes, please explain on reverse side or include in separate document.

This is to verify that the above individual successfully completed a state-administered practical skills examination and written examination and is certified/registered/licensed in your state.

Signature _____ Date _____

Printed Name _____ Title _____

State _____ E-mail Address _____

**Please insert this original form in the envelope provided. Seal the envelope and sign across the back flap.
Mail envelope to applicant at the address provided on the front of the envelope.**

