



VERIFICATION OF EMS STATUS FOR RECIPROCITY

State Form 19634 (R2 / 1-14)



INSTRUCTIONS:

A. For State Agency:

1. The named applicant has applied for an Indiana Emergency Medical Services (EMS) certification/license and has indicated a certification/license in your state.
2. Please complete Part II; verify EMS status and return.
3. Please fax to 317-233-0497 or e-mail to emscertifications@dhs.in.gov.

B. For Applicant:

1. You must submit a copy of your current National Registry and/or State EMS Certification to the Office of EMS with your application.
2. Submit the "Verification of EMS Status for Reciprocity" to your State.
* Your State must submit the form directly back to the Indiana Office of EMS.
3. For Paramedics, you must submit a copy of your ACLS certification to the Office of EMS with your application.
4. For Military personnel, you must submit a copy of your DD214 and EMS curriculum (i.e. syllabus, book ISBN, protocols, etc.) with your application.
5. The Reciprocity Process will not begin until all the required documents as described above are received by the Office of EMS.

PART I

Name of applicant (first, middle, last)		Maiden name
Address (number and street, city, state, and ZIP code)		
Telephone number ()	Driver's license number	Date of birth (month, day, year)
Level of EMS Certification/ License for Reciprocity		
<input type="checkbox"/> Emergency Medical Responder <input type="checkbox"/> Emergency Medical Technician <input type="checkbox"/> Advanced Emergency Medical Technician <input type="checkbox"/> Paramedic		
Certification/License number		

PART II – To be completed by the Emergency Medical Services Certification / Licensing Agency

1. Certification/License issued by your state:			
TYPE	CERTIFICATION/LICENSE NUMBER	ISSUANCE DATE (month, day, year)	EXPIRATION DATE (month, day, year)
<input type="checkbox"/> Emergency Medical Responder			
<input type="checkbox"/> Emergency Medical Technician			
<input type="checkbox"/> Advanced Emergency Medical Technician			
<input type="checkbox"/> Paramedic			
2. Has the course of instruction met or exceeded the National Education Standard Curriculum guidelines?			<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Was the certification/license issued based on reciprocity from another state?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, what state? _____			
4. Has the EMS Certification/License ever been revoked or suspended by your State?			<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you know of any reason why Indiana should deny the named individual's certification/license?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature of verifying person		Date (month, day, year)	
Printed name	Title	Contact number ()	