Reset Form

APPLICATION FOR EMERGENCY MEDICAL SERVICE (EMS) RECIPROCITY AND/OR ADVANCED LIFE SUPPORT (ALS) AFFILIATION

State Form 67 (R16 / 10-26)

INSTRUCTIONS: Please read carefully

1. Please type or print clearly all information. Incomplete forms will be returned to applicants. The reciprocity process will not begin until all the required documents (as described below) are received by the Indiana Office of Emergency Medical Services.
2. Applicants must indicate the Emergency Medical Services (EMS) certification level for which they are applying.
3. This application is for individuals wishing to become certified in Indiana as an EMS responder based upon a certification in another state or National Registry.
4. Applicants must submit a copy of their current National Registry and/or state EMS certification with this application.
5. Paramedics must submit a copy of their ACLS certification with this application.
6. This application is also for affiliation for ALS personnel who are needing to affiliate with an ALS provider organization or supervising hospital.
7. To gain an active status of either an Advanced EMT or Paramedic, personnel must have their ALS provider organization or supervising hospital attest to their affiliation by completing the bottom section of this form.
8. Submit the completed application through ACADIS webforms for the appropriate application. Webforms are located under the Academy Resources tabs in ACADIS.
    - Log into the Acadis Portal.
    - Select Academy Resources (left side of screen).
    - Select Web Forms.
    - Find the appropriate EMS application.
    - Complete the form and submit it.

APPLICATION FOR EMERGENCY MEDICAL SERVICE (EMS) RECIPROCITY AND/OR ADVANCED LIFE SUPPORT (ALS) AFFILIATION
State Form 67 (R15 / 6-26)

Type of certification (Check all that apply.)	Advanced life support (Check one, if applicable.)
☐ Initial ☐ Reciprocity ☐ Paramedic License ☐ Emergency Medical Responder Certification ☐ Emergency Medical Technician Certification ☐ Advanced Medical Technician Certification	☐ Advanced Medical Technician Certification ☐ Affiliation Paramedic License Affiliation

APPLICANT INFORMATION

Name of EMS applicant			Public Safety Identification (PSID) number
Driver's license number	Date of birth (month, day, year)	Age	E-mail address
Address (number and street, city, state, and ZIP code)			Telephone number ( )

Have you ever been charged or convicted of a crime that has not been expunged by a court? (Excluding minor traffic violations) ☐ Yes ☐ No

For military personnel: Have you ever been the subject of a court martial or a non-judicial punishment? ☐ Yes ☐ No

Are you currently certified at any EMS level in another state or National Registry? ☐ Yes ☐ No

If yes, certification number	State	Expires (month, day, year)	National Registry number	Expires (month, day, year)

Name of training institution where course was taken

Course number	Start date (month, day, year)	Completion date (month, day, year)

In signing this form, I declare that all the information I have provided is true, correct, and complete.

Signature of applicant		Date (month, day, year)

ADVANCED LIFE SUPPORT / PROVIDER ORGANIZATION INFORMATION

For Advanced Emergency Medical Technicians (AEMT) and Paramedics ONLY:

The information below is filled out by the ALS provider. By signing, the ALS provider is attesting that the applicant above is affiliated with the ALS organization below. All boxes must be filled.

Name of Indiana state certified EMS provider ALS organization	Provider certification number
Address (number and street, city, state, and ZIP code)	Telephone number ( )
Signature of medical director	Date (month, day, year)
Printed name of medical director	
Signature of organization CEO	Date (month, day, year)
Printed name of organization CEO	