



APPLICATION FOR RECERTIFICATION BASED ON PREVIOUS CERTIFICATION

State Form 53522 (R2 / 1-14)

INDIANA DEPARTMENT OF HOMELAND SECURITY

Certification Supervisor
302 West Washington Street, Room E239
Indianapolis, Indiana 46204
Telephone: (800) 666-7784



INSTRUCTIONS:

1. This form is for individuals who want to reacquire an Indiana EMS certification that was previously held by the individual.
2. Please complete this form and return it to the above address.
3. The applicant must complete the State written and practical skills examination tests.
4. If the applicant fails either test, he/she must retake another training course.

Name of applicant <i>(last, first, middle)</i>		
Mailing address <i>(number and street, city, state, and ZIP code)</i>		
Daytime telephone number ()	E-mail address	
Identification number <i>(driver's license number or state identification number)</i>	Date of birth <i>(month, day, year)</i>	
Previous certification number	Date of issue (if known) <i>(month, day, year)</i>	Date of expiration <i>(month, day, year)</i>
Please list any additional names under which you may have been certified		
Have you ever been arrested for or convicted of a crime that has not been expunged by a court (excluding minor traffic violations)?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Signature of applicant	Date <i>(month, day, year)</i>
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