

Print Name _____ EMT # _____
Agency Name _____ Agency Code _____

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

**CME-Based Recertification Pilot Program
Renewal Cover Sheet (EMT – Intermediate)**

YOUR PACKET:

- MUST Be Complete**
- MUST Have Original Signatures**
- MUST Be Postmarked At Least 45 Days Before Your
Expiration Date**

Should Contain ONLY

- This Cover Sheet
- EMT-I Recertification Form DOH-4229 (Page 1 & 2)
- A Copy of Your CPR Card (Front & Back)

Mail Completed Packets to: Pilot Recert Program
NYS DOH Bureau of EMS
433 River Street, Suite 303
Troy, NY 12180

