

Before you mail your completed reciprocity packet, check to be sure you have included the following items: **Your Packet Will Be Returned if Incomplete!**

- 1 - A completed and signed **Application for New York State EMT Reciprocity.**

↓ Personal data.
↓ Training and certification.
↓ Level of training (the level at which you are currently certified).
↓ Initial training/recertification information.
↓ Application must be signed and dated.
↓ Notary Public section **MUST** be completed.

- 2 - A sealed envelope containing your Verification Form returned to you by your certifying State EMS Office. *Applicants with just National Registry DO NOT need to send this form to National Registry. Complete only the top portion of the verification form and mail back to NYS DOH with the rest of your completed reciprocity application.*

↓ You complete the top section.
↓ Mail the form to your state or National Registry with a self addressed stamped envelope.
↓ State returns verification envelope to YOU.
↓ Envelope is left SEALED and included in packet to the New York State EMS.

- 3 - A carefully and neatly filled out **EMT Sheet for Reciprocity.**

- 4 - Proof of need for reciprocity, such as mail addressed to you at your New York State residence, a pay stub from your New York State employer, proof of enrollment at a New York State educational institution, or proof of participating in clinical requirements in New York State as part of an advanced EMT program.

- 5 - Photocopies of your EMT certification cards, current CPR card, and training certificate for Military applicants.

↓ Military personnel must include certificate of course completion and proof of military medic assignment orders or letter from CO

- 6- A **Certified Check or Money Order** made payable to the **NYS Department of Health**. Please note: **The filing fee is NON-REFUNDABLE.**

↓ \$25.00 for Basic EMT reciprocity
↓ \$50.00 for all advanced EMT reciprocity

****Make Photocopies of all your application materials for your own records.****

Put all application items into a single envelope and mail to the address below.
(You may cut this out, tape it to your envelope, and use it as a label.)

TO: **New York State Dept. of Health
Bureau of EMS - Reciprocity
433 River Street, Suite 303
Troy, New York 12180-2299**