

EMS Verification Form

Please make copies if necessary, and complete the top portion (please print) and send to all state(s) where EMS certifications or licenses are or were held. Please note that some states may charge a fee to complete this form.

Name: _____
(Last name, First name, MI)

Also known as: _____

Mailing address: _____
(Address, City, State, Zip Code)

Washington State Where you will be working or volunteering: _____

I hereby authorize the (state in which you have been or are certified or licensed) _____
EMS agency to furnish the information requested on this document.

Certification or license number: _____ EMS level or type: _____

Social Security Number: _____ Date of birth: _____
(mm/dd/yyyy)

Status of EMS certification or license:

EMS level or type of certification: _____

Active certification or license number: Expiration Date _____
(mm/dd/yyyy)

Inactive

Applicant received certification or license by examination? Yes No

Reciprocity granted on certification from _____
(State, national registry)

Has this person ever been disciplined, been placed on probation or had their certification or license suspended, revoked or denied by your agency, or by the supervising physician? Yes No

I hereby certify that the above is true and correct as recorded in the files of this office.

Signature

Title

Agency name

Name (print)

Date

State