



Reciprocity Verification Form A

State Seal

NAME OF STATE AND AGENCY COMPLETING FORM

EMS OFFICE

#OF PAGES

FAX NUMBER

Date

Applicant'

Last Name

First Name

Middle Name

Social Security Number

Certificate/License number

CHECK HERE IF YOU RECEIVED YOUR EMS TRAINING IN THE MILITARY, AND PROVIDE DOCUMENTATION.

State Officials ONLY: Please complete the following and return by mail or fax.

State:

Level of Certification

Issuance Date

Expiration Date

Certification course taught in conformance with the U.S. Department of Transportation (DOT) Standards for

Emergency Medical Technician (EMT) 1994 curriculum	Yes	No	EMT-Intermediate* 1985 curriculum*	Yes	No
EMT-Intermediate 1999 curriculum	Yes	No	EMT-Paramedic (EMT-P)	Yes	No
Advanced EMT	Yes	No			

Date of most recent training

Type of recent training

***For EMT-Intermediate 1985 curriculum ONLY:** If the applicant has EMT-Intermediate (EMT-I) certification please check which skills were included in the applicant's certification course (please note, Texas recognizes EMT-I certification only if ALL skill boxes are checked)

MAST Endotracheal Intubation EOA, EGTA, TLS OR ETC** IV Other

**We will accept any of these alternative airway devices: esophageal obturator airway, esophageal gastric tube airway, pharyngotracheal lumen airway, combination esophageal-tracheal tube (Combitube).

To the best of your knowledge, has the applicant ever been convicted of a felony or misdemeanor? Yes No

Has your state/entity ever taken disciplinary action against this individual's EMS personnel certification? Yes No

Does your state run Criminal History checks? Yes No

If so, has this person ever answered yes or disclosed a Criminal History? Yes No

(If Yes to any question, please provide supplemental information on a separate sheet)

Has your state/entity ever granted reciprocity to this applicant before? Yes No

If so, from National Registry State When

Do you recommend granting reciprocity to this applicant? Yes No If No, explain on separate sheet.

STATE EMS CERTIFICATION PERSONNEL COMPLETING THIS FORM

Name: Date

Title

Telephone

Number

State Agency