

## **Eligibility for Participation in a New York State DOH-Bureau of EMS Certified Paramedic Refresher Course**

I, \_\_\_\_\_, \_\_\_\_\_ the  
Print Name NYS EMS ID number (if available)

undersigned acknowledge that I am required to provide documentation of prior New York State DOH Paramedic certification to be eligible to participate in a New York State Paramedic Refresher Course. I am unable to produce such documentation but I am affirming that I have been certified by the New York State Department of Health as an EMT-Paramedic. I hereby authorize Center for Allied Health Education to verify with the New York State Department of Health Bureau of EMS my eligibility to participate in the paramedic refresher course. If Center for Allied Health Education is unable to verify with the New York State Department of Health my prior paramedic certification, I understand that I may be terminated from the paramedic refresher course and I may be ineligible to sit for the NYS Practical and Written Certification Examinations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date