NEW YORK STATE DEPARTMENT OF HEALTH Bureau of Emergency Medical Services

Application for Emergency Medical Services Certification

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Department of Health will determine if the conviction is applicable under the provisions of Part 800. Do not sign this if you have any convictions

I hereby certify that all of the information contained in this application is true and correct and that the signature below is mine as applicant. I further understand that offering or providing false information on this document may constitute a crime under the penal law and may subject any certification to revocation or other Department action.

(Applicant Signature)