NEW YORK STATE DEPARTMENT OF HEALTH

Bureau of Emergency Medical Services

PARTICIPANT REGISTRATION FORM Continuing Education Recertification Program

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Personal Affirmation - DO NOT sign if	you have any criminal convictions
I affirm that in accordance with the requirements of 10NYCRR Pacurrently charged with any misdemeanors or felonies. I understated and that any such conviction may not be an automatic bar to cerconviction is applicable under the provisions of 10NYCRR Part 8	nd that if I have a conviction it will be individually reviewed tification. The Department of Health will determine if the
Applicant's Signature	Date
Read Carefully Before Signing	
I have read and agree to the following requirements for participating in t	he Continuing Education Recertification Program:
Participation is contingent on maintaining current New York State certific submit a Continuing Education Recertification Form (DOH-XXXX) to the prior to the expiration of my certification. (The Bureau is not responsible Bureau). We strongly suggest that you make a copy of all documents a mailed.	Bureau of Emergency Medical Services no later that 45 days ble for lost or missing documents while in transit to the
Participation is strictly voluntary. If I decide, at any time, not to complete recertify, I MUST enroll in and complete a New York State EMT/AEMT rand written certifying examinations.	
I understand that as a participant in this program I may be required to confide the Bureau of Emergency Medical Services or its designee may random participation in continuing education activities. This audit may also includer its agent may also contact the REMAC, Medical Director(s), receiving discuss my participation. I also understand that if I am a CIC/CLI I must certified to teach and score at least 80% to renew my instructor certifical	mly audit this program and view records pertaining to my de written testing and practical skills evaluation. The Bureau phospital personnel, officers of my EMS agency, and others to take a written certification examination at the level I am

Participant Signature

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Date