

Print Name _____ EMT # _____

Agency Name _____ Agency Code _____

**New York State Department of Health
Bureau of Emergency Medical Services**

**Pilot Program EMT-Critical Care
Certification Renewal Cover Sheet**

Return Completed Application to:

Pilot Recert Program
Bureau of EMS
433 River Street, Suite 303
Troy, New York 12180

DOH Review:

_____ Meets NYS-EMS guidelines for re-certification
_____ Application did not meet the following criteria:

DOH Review by: _____ Date: _____