

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH



Health Emergency Preparedness
and Response Administration

Advanced Life Support – Verification of Military Certification

This Section to be Completed by the Applicant

Applicant: Please complete the top portion of the form and forward it to the certifying authority for official verification of certification/licensure at the Basic Life Support level indicated.

Name: _____
Last First Middle Other, if any

Address: _____
Street City State Zip

Certification Level: AEMT EMT-I Paramedic Certification #: _____ Date Issued: _____

I hereby authorize the _____ to furnish the District of Columbia Department of Health the information requested below.

Signature: _____ Date: _____

This Section to be Completed by the Applicant's Last Duty Station Only

The applicant listed above is applying for either an Intermediate Paramedic or Paramedic certification (as checked above) in the District of Columbia. Please provide the following information

This is to certify that the above named individual was issued a license or certification as an Intermediate Paramedic Paramedic
 Other _____ Issue Date: _____ Expiration Date: _____

Current Status: Active Inactive Lapsed Other _____

What examination does your command currently require for purposes of certification?
 National Registry Military School Examination Other _____

Has this individual completed a training program consistent with the US Department of Transportation Advanced EMT, Emergency Medical Technician-Intermediate/99 or Paramedic educational guidelines? Yes No

If **No**, please provide a brief description of the requirements this individual completed for purposes of certification?

Has the individual ever been subjected to disciplinary action of any type? Yes No
If yes, please forward all publicly disclosable information regarding the disciplinary action and the individual's current status.

Signed: _____ Date: _____

Name: _____ Title: _____

Daytime Phone: (_____) _____ E-Mail: _____

Please complete and return directly to:
District of Columbia Department of Health
Health Emergency Preparedness and Response Administration
ALS Certifications
55 'M' Street, SE, Suite 300 Washington, DC 20003
By Fax: 671-0707