

Instructions for Application:

Check **one** box for the level of certification being applied for

Check **one** box to indicate this is your initial certification or a recertification

All dates should be entered as *mm/dd/yyyy*

Enclose a current picture

Photo must be less than three (3) months old

Photo dimensions: Min. 2" X 2"

Must be in color

Must be front bust style

No hats, caps, sweat bands, sunglasses, etc., may be worn

Previously laminated pictures are **NOT** accepted

NOTE: Applicants may have picture made free of charge at the Bureau of EMS Office.

Applicants for **EMS-Driver** certification should attach:

Copy of your driver-training certificate

Copy of your state driver's license

Applicants for **Medical First Responder** certification should attach:

A copy of your current National Registry wallet card

Applicants for **EMT** certification should attach:

A copy of your current National Registry wallet card

Original Jurisdictional Medical Control Agreement

Enclose the appropriate payment. (Money order or business check only)

Medical First Responder: \$10.00

EMS – Driver: \$35.00

EMT – Basic: \$35.00

EMT – Intermediate: \$35.00

EMT – Paramedic: \$35.00



APPLICATION FOR MISSISSIPPI EMS CERTIFICATION



Check one:

<input type="checkbox"/> First Responder
<input type="checkbox"/> EMT-Basic
<input type="checkbox"/> EMT-Intermediate
<input type="checkbox"/> EMT-Paramedic
<input type="checkbox"/> EMS-Driver

Check one:

<input type="checkbox"/> Initial Certification
<input type="checkbox"/> Recertification

Complete (type or print in ink) and mail to:

Bureau of Emergency Medical Services
Mississippi State Department of Health
570 E Woodrow Wilson Ave
PO Box 1700
Jackson, MS 39215-1700
Phone (601) 576-7380
www.ems.doh.ms.gov

Social Security Number: _____ Date of Birth: _____

First: _____ MI: _____ Last: _____

Address: _____

Male
 Female Phone: _____

Address: _____

E-mail: _____

City: _____

County of Residence: _____

State: _____ Zip _____

Highest Level of Education 8 9 10 11
12/GED 13 14 15 16 17 18 18+

Driver's License # _____	State: _____	Expiration: _____
National Registry Number: _____	Expiration: _____	

I will be working at this level:	full-time <input type="checkbox"/>	part-time <input type="checkbox"/>	volunteer <input type="checkbox"/>
Agency: _____	County: _____		
Address: _____	Phone: _____		
Address: _____	Name of Supervisor or Operations Manager: _____		
City: _____	State: _____	Zip: _____	

This section for initial Mississippi certification only, not required for recertification			
Training site: _____	Lead Instructor: _____		
City: _____	Physician Coordinator: _____		
Date of Completion: _____	I have been previously certified in the state(s) of: _____		

I hereby affirm that all statements on this application are true and correct and that false statements or documents may be sufficient cause for rejection and/or revocation.

Signature: _____ Date: _____

WARNING: Mississippi Code as Annotated 97-7-10 Fraudulent statements and representations provides for severe penalties from misrepresentation or fraudulent statements to a board. This statute authorizes a fine of up to ten thousand dollars (\$10,000) and a jail sentence of up to five (5) years.

For official use only			Date Received
Driver Course	Expiration of Certification		
Level of Certification	J M C A		
Approval of Certification	Date Reciprocity Sent		