



APPLICATION FOR MISSISSIPPI EMS CERTIFICATION

**Check One**

- Medical First Responder
- EMT
- Paramedic
- Critical Care Paramedic
- EMS Driver

Check One

- Initial
- Recertification

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

Bureau of Emergency Medical Services
 MS State Department of Health
 POBox 1700
 Jackson, MS 39215-1700

Applicant Information

Full Name: _____
 First M.I. Last

Address: _____
 Street Address Apartment/Unit #

 City State ZIP Code

Phone: _____ Email _____

DOB: _____ Social Security No.: _____ County of Residence _____

Highest Level Education Completed (Select One): 12/GED 13 14 15 16 17 18+

Drivers Lic # _____ Issuing State _____ Expiration Date _____

NREMT # _____ Expiration _____

Employment and Training

I will be working at this level: Full Time Part Time Volunteer
 Agency: _____ County: _____
 Address: _____ Phone: _____
 Address2: _____
 City: _____ State: _____ Zip: _____

Operations Manager/Supervisor: _____

Training Site _____ Lead Instructor _____
 City/State _____ Physician _____
 Date of Completion _____ I have been previously certified in the following states:

This section for initial Mississippi certification only, not required for recertification.

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 of all Mississippi EMS Certifications.

Signature: _____ Date: _____
 WARNING: Mississippi Code 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 (\$10,000) and a jail sentence of up to five (5) years.

FOR OFFICIAL USE ONLY			Date Received:
Driver Course		Cert Exp	
Cert Level		J M C A	
Cert Approval		Reciprocity Sent Date	