



**Personal Affirmation — DO NOT SIGN if you have any criminal convictions**

I affirm that in accordance with the requirements of 10NYCRR Part 800.8 (e), I have not been convicted of or am not currently charged with any misdemeanors or felonies. I understand that if I have a conviction it will be individually reviewed and that any such conviction may not be an automatic bar to certification. The Department of Health will determine if the conviction is applicable under the provisions of 10 NYCRR Part 800.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Read Carefully Before Signing:**

I have read and agree to the following requirements for participating in the Continuing Education Recertification Program:

Participation is contingent on maintaining current New York State certification as an EMT-B, AEMT-I, AEMT-CC or EMT-P. I will submit my Continuing Education Recertification Form to the Bureau of Emergency Medical Services no later than 45 days prior to the expiration of my certification.

(The Bureau is not responsible for lost or missing documents while in transit to the bureau. We strongly suggest that you make a copy of all documents and request a returned receipt for original documentation mailed.)

Participation is strictly voluntary. If I decide, at any time, not to complete the Continuing Education Recertification Program, in order to recertify, I MUST enroll in and complete a New York State EMT/AEMT refresher course, and pass NYS state administered practical and written certifying examinations.

I understand that as a participant in this program I may be required to complete surveys or questionnaires regarding my participation. The Bureau of Emergency Medical Services or its designee may randomly audit this program and view records pertaining to my participation in continuing education activities. This audit may also include written testing and practical skills evaluation. The Bureau or its agent may also contact the REMAC, Medical Director(s), receiving hospital personnel, officers of my EMS agency, and others to discuss my participation. I also understand that if I am a CIC/CLI I must take a written certification examination at the level I am certified to teach and score at least 85% to renew my instructor certification.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

This applicant is currently an active participating EMS Provider in our agency's CME-Based Recertification Program. The agency and applicant understand they must abide by the requirements of the program as detailed in the CME-Based Recertification Program Administration Manual.

\_\_\_\_\_  
Agency CME Coordinator/Training Officer Signature

\_\_\_\_\_  
Date