



SUSANA MARTINEZ, GOVERNOR

CATHERINE D. TORRES, M.D., CABINET SECRETARY

STATE OF NEW MEXICO
Department of Health
Emergency Medical Systems Bureau
FR/BLS/ILS RECIPROCITY APPLICATION

Please Type or Print Clearly

TODAYS DATE ___/___/___

LAST NAME _____ FIRST NAME _____ MI _____

LIST OTHER NAMES YOU HAVE USED (e.g. alias, married/maiden, etc.) _____

SOCIAL SECURITY NUMBER _____ GENDER [] Male [] Female

DATE OF BIRTH ___/___/___ DRIVER'S LICENSE NUMBER _____ STATE _____

HOME/CELL PHONE (____) ____ - _____ WORK/ALTERNATE PHONE (____) ____ - _____

MAILING ADDRESS _____

Street/P.O. Box

City

State

Zip Code

Residence County

EMAIL ADDRESS _____

TRAINING

EMS TRAINING PROGRAM _____

MAILING ADDRESS _____

PROGRAM DIRECTOR _____ PHONE _____

DATE OF GRADUATION _____

IS THIS PROGRAM COAEMSP/CAAHEP ACCREDITED?* [] Yes [] No



LICENSURE/CERTIFICATION

LIST ALL STATES IN WHICH YOU ARE OR WERE CERTIFIED/LICENSED:

STATE _____ LEVEL _____ LICENSE NUMBER _____ EXP. DATE _____
STATE _____ LEVEL _____ LICENSE NUMBER _____ EXP. DATE _____
STATE _____ LEVEL _____ LICENSE NUMBER _____ EXP. DATE _____

NATIONAL REGISTRY NUMBER (IF APPLICABLE) _____

CRIMINAL HISTORY

Failure to complete this section and/or failure to list all convictions or actions against a professional license may result in license denial and prosecution.

Are you able to perform the essential functions of the level for which you are applying, as required by New Mexico Certification and Licensing Regulation for EMS Personnel, with or without reasonable accommodation? Yes No

If you answer "yes" to any of the following questions, please attach additional sheets providing detailed explanation of your answer and any supporting documentation.

Are you currently involved in the illegal use of drugs? Yes No

Have you ever been found to have committed a civil infraction involving use or possession of illegal drugs? Yes No

Have you ever been convicted of any misdemeanor or felony under the laws of any state, the United States, or a foreign country? Any conviction involving driving while impaired, DUI, DWI, etc. MUST be reported. Minor traffic violations need not be reported. Responses to this question will be evaluated in accordance with the Criminal Offender Employment Act, NMSA 1978, §28-2-4 (Repl. Pamp. 1991). Yes No

Have you ever had disciplinary action brought against you in connection with emergency medical care rendered in this or any other state? Yes No

Have you ever had a certification, licensure, accreditation, or legal recognition in any state or foreign jurisdiction denied, suspended, revoked, or been placed on probation? Yes No

I certify under penalty of perjury that all information contained in this application is true and correct to the best of my knowledge, and that I am eligible for licensure at the level requested in accordance with New Mexico statutes, rules, and regulations. I understand that this license, as issued, allows me to administer only those treatments authorized under the New Mexico EMS regulations governing this licensure level. I understand that all information on this application is subject to verification.

SIGNATURE OF APPLICANT

DATE