



State of Louisiana
Louisiana Department of Health
Office of Public Health

Emergency Medical Services Reciprocity Verification

Section to be completed by APPLICANT ONLY: Please complete the top portion of this form and forward to each state or territory where you have been licensed, certified or registered as an emergency medical services practitioner.

Last Name _____ First Name _____ Middle Name _____

Social Security Number _____ - _____ - _____ Date of Birth _____ Phone _____

Mailing Address _____ City _____ State _____ Zip _____

EMS Certification/License Level ☐ EMR ☐ EMT ☐ AEMT ☐ Paramedic

State Certification/License Number _____ NREMT Certification Number _____

Number of States in which you have held EMS Certification/Licensure (Verification Forms Required from Each) _____

☐ Check here if you received your EMS Training in the Military and provide documentation

I hereby authorize the state of _____ EMS licensing agency to release the information requested to the State of Louisiana

Bureau of Emergency Medical Services. Signature of Applicant _____ Date Signed _____

Section to be completed by the State EMS Licensing Agency: The above applicant has applied for reciprocity in Louisiana. Please email the completed form to the Louisiana Bureau of Emergency Medical Services Credentialing to ems.credentialing@la.gov.

State _____ EMS Licensing Agency Name _____

EMS Certification/License Level EMR EMT AEMT Paramedic State License/Certification Number _____

Date of Issue _____ Expiration Date _____ License Status: Current Lapsed Inactive Other _____

The above certification/license was issued based upon:

Initial training completed within this state Recertification through continuing education

Reciprocity from other state _____ Other, please explain _____

Date of Most Recent Training _____ Type of Most Recent Training _____ Total Hours _____

Did the training meet USDOT Curriculum Guidelines? Yes No

Has the Applicant incurred any disciplinary proceeding in your state or are there pending disciplinary proceedings? ☐ Yes (please attach copies of any actions) ☐ No

Has the applicant's certification/license ever been limited, denied, surrendered, reprimanded, suspended or revoked? ☐ Yes (please attach copies of any actions) ☐ No

Has the applicant ever been convicted of a felony? ☐ Yes (please explain) _____ ☐ No ☐ Unknown

Do you know of any reason why this applicant should be denied licensure by Louisiana? ☐ Yes (please explain below) ☐ No

I certify that the information provided is true and correct.

EMS Licensing Agency Official Printed Name _____ Title _____

EMS Licensing Agency Official Signature _____ Date _____

EMS Licensing Agency Official Telephone _____ SEAL