



State of Louisiana  
Louisiana Department of Health  
Office of Public Health  
Bureau of EMS

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](mailto: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