

VERIFICATION OF NATIONAL REGISTRY CERTIFICATE

Access this form via website at: cca.hawaii.gov/pvl

TO THE APPLICANT: You are required to have the attached form completed by the NREMT.

Complete the APPLICANT section and mail to: *NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS*
P.O. Box 29233
Columbus, OH 43229
(Attn: Executive Director)

APPLICANT	Name (First, Middle)		(LAST)	Social Security No.
	Address (Include apt. no., city, state & zip code)		School of Graduation & Address (EMT, AEMT or EMT-P)	Birthdate
				Date of Graduation
	EMT Cert. No. & Date Issued		AEMT Cert. No. & Date Issued	Paramedic Cert. No. & Date Issued
	I authorize the NREMT to indicate on this form if there is any previous or pending disciplinary action against my certificate. Date: _____ SIGN HERE: _____			

NREMT	This is to certify that the above-named individual was issued a NREMT certificate:				
	EMT Cert. No.: _____	AEMT Cert. No.: _____	Paramedic Cert. No.: _____		
	Issued on: _____	Issued on: _____	Issued on: _____		
	Expires on: _____	Expires on: _____	Expires on: _____		
	Status of Certificate: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"> <input type="checkbox"/> Current <input type="checkbox"/> Suspended <input type="checkbox"/> Revoked <input type="checkbox"/> Other (specify) _____ _____ _____ </td> <td style="width: 33%; border: none;"> <input type="checkbox"/> Current <input type="checkbox"/> Suspended <input type="checkbox"/> Revoked <input type="checkbox"/> Other (specify) _____ _____ _____ </td> <td style="width: 33%; border: none;"> <input type="checkbox"/> Current <input type="checkbox"/> Suspended <input type="checkbox"/> Revoked <input type="checkbox"/> Other (specify) _____ _____ _____ </td> </tr> </table>			<input type="checkbox"/> Current <input type="checkbox"/> Suspended <input type="checkbox"/> Revoked <input type="checkbox"/> Other (specify) _____ _____ _____	<input type="checkbox"/> Current <input type="checkbox"/> Suspended <input type="checkbox"/> Revoked <input type="checkbox"/> Other (specify) _____ _____ _____
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Has this certificate ever been encumbered in any way (revoked, suspended, surrendered, limited, placed on probation, currently pending disciplinary action, being investigated?..... <input type="checkbox"/> YES <input type="checkbox"/> NO (Please explain "YES" response.)					
Signature: _____ Title: _____ State: _____ Date: _____					
To NREMT: Return this form directly to the Hawaii Medical Board. P.O. Box 3469, Honolulu, HI 96801					

BOARD SEAL