



# Bedford County Fire and Rescue



## EMS Recertification Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Agency: \_\_\_\_\_ Agency #: \_\_\_\_\_ OMD: \_\_\_\_\_

Certification:      EMT-FR    EMT-B    EMT-E    EMT-I    EMT-P  
(Circle only one that applies)

Certification #: \_\_\_\_\_ Date Certification Expires: \_\_\_\_\_

Recertifying:      OEMS                      National Registry  
(Circle all that Apply)

Skills Review Attendance:      2004      2005      2006      2007      2008  
(Circle all That apply)

Applicant Signature: \_\_\_\_\_

Training Officer Signature: \_\_\_\_\_

Captain or Chief Signature: \_\_\_\_\_

EMS Coordinator Signature: \_\_\_\_\_

OMD Signature: \_\_\_\_\_

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Office Use only:			
Date Received:	_____	Received By:	_____
Date Signed:	_____	Required to test:	_____
Date Returned:	_____	Test Waived:	_____