



State of New Jersey
DEPARTMENT OF HEALTH
OFFICE OF EMERGENCY MEDICAL SERVICES
PO BOX 360
TRENTON, N.J. 08625-0360

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

www.nj.gov/health

SHEREEF M. ELNAHAL, MD, MBA
Commissioner

How to Apply for New Jersey EMT Reciprocity

Step 1: Create an account at www.nremt.org

- Login to your NREMT account.
- Manage account profile information.
- Create certification application.

Step 2: Create an account at www.njems.us

- Login to your NJEMS account.
- Complete online “EMT Initial Reciprocity Certification” application.
 - You will receive a confirmation email upon submission.

Step 3: Go to <https://www.nj.gov/health/forms/ems-64.pdf> and complete the “EMT & Paramedic Clinician Reciprocity Application” form (EMS-64).

- Complete Section I on the EMS-64 form.
- Leave Section II Blank
 - This section is to be completed by certifying/licensing agency.
- The EMS-64 form **MUST** be sent to each State EMS office, State licensing authority, and/or NREMT, that has ever certified/licensed you, as an EMT or Paramedic, and/or clinical or healthcare related license, regardless of status (Including but not limited to Licensed Practical Nurse (LPN) Registered Nurse (RN), Physician’s Assistant (PA), Physician (DO and or MD), and/ or Home Health Aide or Certified Nursing Assistant (CNA).
 - Include a self-addressed stamped envelope along with each verification request.
 - Verification letters will remain valid for a maximum of 6-months from the date of signature.
- **DO NOT** open the sealed envelope(s) upon receipt.
- Verifications that are emailed to NJ OEMS will only be accepted if sent direct from the above listed agencies.

Step 4: Photocopy your:

- State issued EMT and/or paramedic certification/license
- Valid CPR certification card
 - The CPR certification must be at the Healthcare Provider or Professional Rescuer level.
 - Online CPR courses are not accepted for purposes of reciprocity, recertification, CEU credit, or initial licensure in New Jersey.
 - Go to www.nj.gov/health/ems for a current listed of New Jersey approved CPR certifications.

Step 5: Assemble and mail your COMPLETE reciprocity application package to:

**The New Jersey Department of Health
Office of Emergency Medical Services
EMT Reciprocity Applications
P.O. Box 360
Trenton, NJ 08625**

A complete application should contain:

- EMT Reciprocity Application & Certification/License Verification form(s) in a sealed envelope(s), from every state EMS agency and/or NREMT that has ever certified/licensed you as an EMS provider.
- Copy of your current CPR credential (front & back)
- Copy of your current EMT card(s)
- Copy of your current government issued identification (Driver's license, passport, etc.)

NOTE: *Sending an incomplete application package will result in significant delays in the Department's ability to process your request.*

Step 6: Go to www.njems.us

- Login to your account.
- Click on "Class and Exam Schedules".
- Register for and successfully complete:
 - Refresher A;
 - Refresher B; and
 - Refresher C.
 - The refresher classes can be completed in any order and at any location.
 - Successful completion of these classes does not guarantee reciprocity.

Step 7: Go to www.nremt.org

- Login to your account.
- Pay application fee.
- Check for approval to take the NREMT examination.
 - The NREMT examination is the New Jersey approved licensure examination.
- Print your ATT (Authorization To Test) Letter.
- Schedule examination.
- **If you already hold a NREMT certification, EMT level or higher, skip this step and send an email to ems@doh.nj.gov.** Your email should contain:
 - Subject line: Completion of Reciprocity;
 - Your NJ EMS ID#;
 - Your Full Name; and
 - Refresher A, B, & C must be marked "Successfully Completed" in your transcript.

NOTE: Your Out-of-state and/or NREMT, EMT, or Paramedic certification/license must remain current and in good standing throughout the entire reciprocity process.

Disclaimer: The New Jersey Department of Health (the Department) Office of Emergency Medical Services (OEMS) welcomes anyone to participate in educational programs for emergency medical services (EMS). However, the certification process for individuals to provide EMS in the state of New Jersey is a privilege granted by the Department

and not the right of every applicant. Accordingly, enrolling and completing an educational program does not assure the promise of licensure. If you have a criminal history, you are required to complete a criminal background check. The Department will determine, based upon the finding in an investigation, whether you may become licensed. Your criminal background check must be completed and you must be cleared by the Department before you can register for the New Jersey approved licensure examination. If the Department determines your history is averse to the provision of EMS, you will be denied licensure. You are encouraged to contact the Department at (609) 633-7777 with any questions or concerns before enrolling in any educational programs offered.

**New Jersey Department of Health
Office of Emergency Medical Services (OEMS)
PO Box 360, Trenton, NJ 08625**

**EMT & PARAMEDIC CLINICIAN RECIPROCITY APPLICATION
VERIFICATION OF EMT & PARAMEDIC EDUCATION AND LICENSURE**

Instructions: Return this completed form to the OEMS Education Section at the address given above, as part of your completed EMS-64, EMS Clinician Reciprocity Application.

Section I: Applicant Information *(To be completed by applicant)*

First Name _____ Last Name _____ Middle Initial _____

New Jersey EMS ID # _____ Date of Birth _____

Mailing address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Primary email _____ Secondary email _____

What certification level are you requesting? EMT Paramedic MICN

Are you currently certified by the National Registry? YES NO

If yes: NREMT # _____ NREMT Expiration Date _____

Are you currently, or have you ever been certified/licensed by any other state, jurisdiction or country?
If YES, provide the following information for each state.

State	Level EMT/Paramedic	Certification or License Number	Issue Date	Expiration Date

Initial EMT Education Program Information *(To be completed by applicant)*

Name of Education Program/Agency _____

Address _____

City _____ State _____ Zip _____

Name of Contact Person *first / last* _____ Title _____

Phone # _____ Email address _____

Initial Paramedic Education Program Information (To be completed by applicant)

Name of Education Program/Agency _____

Address _____

City _____ State _____ Zip _____

Name of Contact Person *first / last* _____ Title _____

Phone # _____ Email address _____

I affirm that all of the above information is true and correct. I understand that any misrepresentation of fact may be grounds to deny my NJ EMS certification/endorsement/license.

Applicant Name *first / last* _____ Applicant Signature _____

Section II: License Verification (To be completed by every state licensure authority listed in Section I)

License Number _____ License Expiration Date _____ State _____

1. Is the applicant's information considered true and correct? Yes No N/A

If NO, please explain _____

2. Has the applicant completed an approved EMT program to the standards of the National EMS Education Standards, National EMS Scope of Practice, National EMS Core Content, and the most current American Heart Association Emergency Cardiac Care Guidelines? Yes No N/A

If NO, please explain _____

3. Has the applicant completed an approved Paramedic program to the standards of the National EMS Education Standards, National EMS Scope of Practice, National EMS Core Content, and the most current American Heart Association Emergency Cardiac Care Guidelines? Yes No N/A

If NO, please explain _____

4. Certification/License Status: Current Expired Inactive Other _____

5. The above certification/license was issued based upon:

- Initial education completed in your state
- Reciprocity from another state. If yes where? _____
- Other _____

6. Has the applicant incurred any disciplinary proceedings in your state or are there disciplinary proceedings pending? Yes No

If YES, please explain and attach documentation.

7. Has the applicant's license ever been limited, denied, surrendered, reprimanded, suspended or revoked? Yes No

If YES, please explain and attach documentation.

8. Is the applicant currently under investigation? Yes No

If YES, please explain and attach documentation.

9. Has the applicant ever been convicted of a crime? Yes No

If YES, please explain and attach documentation.

10. Has the applicant completed relicensure requirements since initial certification? Yes No

11. Do you know of any reason that the applicant should be denied EMT or Paramedic licensure in New Jersey? Yes No

If YES, please explain.

Name of Official completing this verification form *first / last* Title

Signature of Official completing this verification form Date

Phone number of State Official Email-address

Complete mailing address of state/territory the official represents

City State Zip

Part III: Education Program Verification (To be completed by the applicant's initial EMT and/or Paramedic education program)

1. Has the applicant completed an approved EMT Program, through your education center to the standards of the National EMS Education Standards, National EMS Scope of Practice, National EMS Core Content, and the International Liaison Committee for Resuscitation? Yes No

2. Has the applicant completed an approved Paramedic Program, through your education center to the standards of the National EMS Education Standards, National EMS Scope of Practice, National EMS Core Content, and the International Liaison Committee for Resuscitation? Yes No

EMT Program information N/A

1. When did the applicant complete his or her EMT program with your education center? Start Date End Date

2. How many hours were completed?

- Didactic
- Internship
- Laboratory
- Residency

Paramedic Program information N/A

1. When did the applicant complete his or her Paramedic program with your education center? Start Date End Date

2. How many hours were completed?

- Didactic
- Internship
- Laboratory
- Residency

Education Program Director Name *first / last*

Education Program Director Signature

Complete mailing address of education center

Phone number

City

State

Zip

Please mark the skills that were included in the applicant's education program

EMT		Paramedic	
<input type="checkbox"/> AED	<input type="checkbox"/> ASA Administration	<input type="checkbox"/> Defibrillation	<input type="checkbox"/> Pacing
<input type="checkbox"/> Epi-Auto Injector	<input type="checkbox"/> O2 Administration	<input type="checkbox"/> Cardioversion	<input type="checkbox"/> Capnography
<input type="checkbox"/> CPAP	<input type="checkbox"/> Nebulizer	<input type="checkbox"/> 12-Lead Interpretation	<input type="checkbox"/> Cricothyroidotomy
<input type="checkbox"/> Transport Vent	<input type="checkbox"/> Mechanical CPR	<input type="checkbox"/> Laryngeal Mask Airway	<input type="checkbox"/> Alternative Airway
<input type="checkbox"/> Blood Glucose Monitoring		<input type="checkbox"/> Blood Products	<input type="checkbox"/> Infusion Pumps
<input type="checkbox"/> Inhaled Bronchodilators		<input type="checkbox"/> AV Shunt Access	<input type="checkbox"/> Chest Decompression
<input type="checkbox"/> Pulse Oximetry		<input type="checkbox"/> Rapid Sequence Intubation	
<input type="checkbox"/> Intranasal/Autoinjectors for the Opiate Overdose		<input type="checkbox"/> Dual Lumen Airway Device	
<input type="checkbox"/> Autoinjector Antidotes for Chemical Exposures		<input type="checkbox"/> Endotracheal Tube Intubation	
<input type="checkbox"/> Oral OTC Analgesics for Pain or Fever		<input type="checkbox"/> Central Venous Access	
<input type="checkbox"/> Acquisition & Transmission of 12-Lead ECG		<input type="checkbox"/> Nasogastric or Orogastic Tube Insertion	
<input type="checkbox"/> Other:			

Signature

Date

Email-address