OKLAHOMA STATE DEPARTMENT OF HEALTH
Emergency Medical Service Division

EMERGENCY MEDICAL RESPONDER RENEWAL FORM

INSTRUCTIONS: Your EMR registration expires September 30, 2011. Please complete and return this form by 09/30/11, to remain active on the Oklahoma EMR Register. *Pursuant to: OAC 310-641-5-61*

PRINT OR TYPE THIS SECTION:

Name: _____
[Last name First name MI]

SSN: XXX XX _____ [Last 4 Digits] Oklahoma EMR Registry Number: EMR_____

Addr: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

Email:_____

Is this address or email different than the original? Yes ☐ No ☐

ADDITIONAL REQUIRED DOCUMENTATION and FEE:

- ☐ If Nationally Registered, a copy of your renewed NR card
- ☐ A fee of $5.00, made payable to "OSDH-EMS:

OR

- ☐ A completed certificate or a final roster showing completion of EMR refresher within the last 2 years;
- ☐ A current copy of a provider-level CPR card;
- ☐ A fee of $5.00, made payable to "OSDH-EMS".

FELONY STATEMENT:

Have you ever been convicted, pled guilty, or otherwise been adjudicated of a FELONY? **Yes ☐ No ☐**

If "YES", you must forward documentation of the charges, judgment and sentencing, and current status of sentencing requirements.

All information provided is true and correct to the best of my knowledge. I understand that by signing this document, any fraudulent entry may be sufficient cause for disapproval and or revocation of any subsequent registration, which has or will be issued.

Applicants Signature:		**Date:**	

Send completed renewal application with supporting documentation and fee to:

OSDH Financial Management, PO Box 268823, Oklahoma City, Oklahoma 73126-8823