



OKLAHOMA STATE DEPARTMENT OF HEALTH
EMERGENCY MEDICAL SERVICE DIVISION
**EMERGENCY MEDICAL RESPONDER
REGISTRATION FORM**

Please PRINT

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

SSN: _____ Phone#: _____

Date of Birth: _____ email: _____
month/ day/ year

COMPLETE ONE OF THE FOLLOWING: [circle one]

DO NOT SEND BASIC, I/85 OR PARAMEDIC – THIS IS FOR EMR ONLY

BOX 1

1st Responder [EMR] certified in Oklahoma prior to January 1, 2000 and **NOT** Nationally Registered - OAC 310:641-5-61(b) (4)

Attach a copy of current Provider Level CPR card

Attach documentation of successful completion of National Standard USDOT First Responder Refresher courses every two years since January 1, 2000.

BOX 2

Nationally Registered 1st Responder [EMR]

Attach a copy of your current National Registry card

Box 3

Emergency Medical Responder [tested by *careertech* after August 1, 2007]

Attach the original, or a copy, of successful OHD Form 681 "Training and Testing Verification Form" to this application. **[If you have already submitted this form then we have you on the State EMR Registry]**

I verify that the information and documents attached to this application for EMR registration are true and correct. I understand that any falsification of this document or attachments may subject me to revocation and/or additional penalties pursuant to O.S. Title 63, Section 2501, et al.

Signature

Date

RETURN TO: OSDH-EMS, EMR Registry, 1000 NE 10th St, Oklahoma City OK
73117-1299