



STATEMENT OF GOOD STANDING

This form is used to verify the good standing of EMT or paramedic certification applicants who are certified by another state or United States territory. **It is the applicant's responsibility to send this to his or her certifying state.**

Do not attempt to have this form filled out unless you are using your certification or licensure from another state as evidence of your satisfaction of the Florida's professional education requirements for EMT or paramedic (C.2. on page 1 of the application).

Part I (Completed by Applicant)

Name: _____ .SS# _____

Current Address _____

I am requesting Florida certification based on certification in the following state or territory:

State _____ Cert # _____ Exp. Date _____

Part II (Must Completed by the State Certifying Agency)

Please assist by verifying that the above named individual is currently certified and in good standing according to your certification policies.

A. Is the above individual's certificate(s) deemed current and valid according to your policy?
 Yes No

B. Has the above certificate(s) ever been revoked or suspended?
 Yes **If so, please explain and attach documentation** No

C. Has the above individual ever been convicted of a felony?
 Yes **Offense and date of conviction if known:** _____ No

D. Do you know of any reason certification in Florida should be denied? (current investigation)
 Yes No

If yes, why? _____

Verifying Person's Name and Title _____

Signature of Verifying Person _____

Agency Name and State _____

Phone Number _____ Date _____

Please mail or fax to: EMT/Paramedic Certification Office
4052 Bald Cypress Way, Bin # C85
Tallahassee, Florida 32399-3285