

Delaware County Regional EMS BLS Practitioner Reinstatement Application

(Last, First, MI)		
Name:		
Address: <input type="checkbox"/> Check if new address		
City:	State:	Zip:
County:	Region:	
County Code (1-70)	Regional Code (1-19)	
Telephone: (cell)	(home)	(work)
E-mail:		
D/O/B:	SS#:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Certification Number:	Certification Level:	Expiration Date:
<p>Please provide this completed application (original signature) along with the following:</p> <p>____ Completed Criminal History Form</p> <p>____ Copy of Photo Driver License</p> <p>____ Copy of current CPR card (front and back) (AHA Healthcare Provider, ARC Professional Rescuer, etc.)</p> <p>____ Proof of Previous PA Certification</p> <p>____ Completed Student Application scan form (Must obtain from regional EMS office)</p> <p>I affirm that the information included in this application is truthful and accurate.</p> <p>Signature of Applicant: _____ Date: _____</p>		

Regional Council Use Only		
Date Received: _____	Date Processed: _____	
Requirements:		
<input type="checkbox"/> Completed Application	<input type="checkbox"/> CPR card	<input type="checkbox"/> Completed Student Application scan form
<input type="checkbox"/> Criminal History	<input type="checkbox"/> Photo ID	
<input type="checkbox"/> Proof of previous cert.	<input type="checkbox"/> CEUS met	
Comments:		