



**NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DEPARTMENT OF HEALTH SERVICE REGULATION
OFFICE OF EMERGENCY MEDICAL SERVICES**

1201 Umstead Drive | 2707 Mail Service Center | Raleigh, NC 27699-2707 | Phone: (919) 855-3935 | Fax: (919) 733-7021

LEGAL RECOGNITION VERIFICATION FORM

Applicants that are applying with an International Academies of Emergency Dispatch (IAED), an Association of Public Safety Communications Officials (APCO), PowerPhone or National Registry of Emergency Medical Technicians (NREMT), may choose to submit their acknowledgment letter supplied by the aforementioned organizations in lieu of completing this verification form.

The North Carolina Office of Emergency Medical Services requires a letter of good standing or completion of this form based on certification received from your state/entity. Please verify the EMS personnel status on the identified applicant below, and provide additional information as requested. Thank you for your assistance. **This form will not be accepted without an official seal from the credentialing agency.**

TO BE COMPLETED BY APPLICANT

Applicant's Name: _____
(LAST) (FIRST) (MIDDLE)

Social Security #: XXX-XX- Certificate #: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

TO BE COMPLETED BY STATE OFFICIAL OR CREDENTIALING AGENCY REPRESENTATIVE

1. Name of State and Agency completing this form: _____
2. Is the applicant currently credentialed or licensed in your state? NO YES
3. To your knowledge, has the applicant ever been convicted of a felony, misdemeanor, or been disciplined by your agency? NO YES
If YES, please describe the results of your investigation.

4. Has this applicant ever disclosed a Criminal History? NO YES
If YES, please explain.

5. Has your state ever granted reciprocity to this applicant before? NO YES
If YES, from what state or National Registry, and what date?

6. Do you recommend granting reciprocity to this applicant? NO YES
If NO, please explain.

PERSON COMPLETING THIS QUESTIONNAIRE (please stamp with official seal):

Printed Name: _____ Signature: _____

Title: _____ Date: _____

Phone: (_____) _____ Fax: (_____) _____

The credentialing agency completing this form should submit the completed form to:
 North Carolina Office of Emergency Medical Services | Attn: Legal Recognition
 1201 Umstead Drive | 2707 Mail Service Center | Raleigh, NC 27699-2707