



STATEMENT OF GOOD STANDING

This form is used to verify the good standing of EMT or Paramedic certification applicants who are currently certified by another state, United States territory or the National Registry of EMT (NREMT) . **It is the applicant's responsibility to send this to his or her certifying state or agency.**

**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B. Has the above certificate(s) ever been revoked or suspended?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. Do you know of any reason certification in Florida should be denied? (current investigation)  
 Yes  No  
If yes, why? \_\_\_\_\_

D. Was the certification or registration issued based upon completion of a training program approved by your Department as equivalent to the EMT-Basic or EMT Paramedic National Standard Curriculum or the National EMS Education Standards of the U.S. Department of Transportation.  
 Yes  No

Verifying Person's Name and Title \_\_\_\_\_  
Signature of Verifying Person \_\_\_\_\_  
Agency Name and State \_\_\_\_\_  
Phone Number \_\_\_\_\_ Date \_\_\_\_\_