



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Office of Emergency Medical Services



REQUEST TO CHANGE FROM AEMT TO EMT CERTIFICATION

Complete this application and send to CT DPH OEMS:

via email: dph.emslicensing@ct.gov or via fax: (860) 920-3142

Print/Type clearly the information requested:

Certification provider number: _____ Last 4 digits of your SSN: XXX-XX-_____

Last Name: _____ First Name: _____ MI _____

Primary phone number: _____

Email address: _____

Street Address: _____

Street Address 2: _____ Apt/Suite: _____

City: _____ State: _____ Postal Code: _____

By signing below, I attest that I no longer wish to maintain my Advanced Emergency Medical Technician Certification and would like to have my Emergency Medical Technician Basic Certification reinstated.

Signature: _____

Date: _____



Phone: (860) 509-8000 • Fax: (860) 509-7184
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308

www.ct.gov/dph

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