



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

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**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  
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Hartford, Connecticut 06134-0308  
[www.ct.gov/dph](http://www.ct.gov/dph)  
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