

**ANNUAL CERTIFICATION OF  
EMERGENCY MEDICAL SERVICES STATUS**

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Certifying Calendar Year

\_\_\_\_\_  
Employee I.D. #

**Type of Certification**

Volunteer Firefighter

EMT-Basics

First Responder

Paramedic

EMT-1

**Village** \_\_\_\_\_

**Township** \_\_\_\_\_

**County** \_\_\_\_\_

**Agency Certification** \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date