



**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
OFFICE OF EMERGENCY MEDICAL SERVICES**

REPLACEMENT EMT CARD REQUEST

EMTs receive an EMT wallet card upon initial certification. Subsequent cards are issued upon completion of recertification requirements. EMTs must have their current EMT card in their possession when staffing an ambulance in the Commonwealth.

- If this Office has misspelled your name, or otherwise listed any information in error, you may use this form to request a new wallet card. Please enter the correct information in the section below and return the form to OEMS. Upon receipt of a new card, the incorrect card must be returned to OEMS.
- If you have damaged, lost or misplaced your EMT card; or if you have legally changed your name, a replacement EMT card may be ordered using this form. In the case of name change or damaged cards, you must return the old card as soon as you receive your replacement.

TO ORDER REPLACEMENT CARD - Complete this request form and return it to OEMS.

MA EMT NUMBER: _____ EXPIRATION DATE: _____

NAME: _____ (FORMERLY): _____

ADDRESS: _____

CITY/TOWN: _____ STATE: _____ ZIP CODE: _____

PHONE NO: (____) - ____ - _____

MAIL TO: DEPARTMENT OF PUBLIC HEALTH
OFFICE OF EMERGENCY MEDICAL SERVICES
56 ROLAND ST., SUITE 100
BOSTON, MA 02129-1235

ATTENTION: Replacement Card