



EMT Re-Entry COVID-19 Provisional Status Checklist

The following checklist needs to be completed by the agency that wishes to endorse the EMT provisional candidate.

Date: _____

Provisional Candidate: _____

Name/Title of Person Completing this Form: _____

- The EMT candidate has completed the application found at www.njemms.us.
- Attach the endorsement letter from the Chief of the sponsoring agency.
- Attach a copy of the valid CPR certification.
- Attach the Re-Entry EMT COVID-19 Provisional written assessment.
- Attach the Re-Entry EMT COVID-19 Provisional trauma skill assessment practical rendered by an EMT-Instructor.
- Attach the Re-Entry EMT COVID-19 Provisional medical skill assessment practical rendered by an EMT-Instructor.

Statement and Acknowledgement

By signing below, I acknowledge the above is factual and have attached the proper documentation to support the provisional application to the NJ DOH.

Agency Signature: _____

Date: _____

EMSCS Signature: _____

Date: _____