

# *Request for Certification Extension*

## **Section of Injury Prevention and Emergency Medical Services**

PO Box 110616, Juneau, AK 99811-0616

(907) 465-3027 FAX: (907) 465-6736

<http://www.chems.alaska.gov>

I am requesting that my certification be extended for a period of 60 days from the expiration date listed on my certificate.

Name: \_\_\_\_\_ Cert. #: \_\_\_\_\_

Address: \_\_\_\_\_ Level: EMT- \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **Instructions and Notes**

- This request should be sent by mail or fax to the Section of Injury Prevention and EMS at the above address. Please address this request to "Certification Clerk".
- The Department of Health and Social Services can extend a certificate only once per certification period.
- An extension is valid from the date it was issued to the date calculated by adding 60 days to the date the certificate was initially scheduled to expire.
- The Section of Injury Prevention and EMS will send written confirmation of the extension of certification. The written confirmation will include the issue and expiration dates of the extension.
- The extension does not change an EMT's eligibility to recertify.
- The extension does not change the dates by which an EMT is required to recertify.