INSTRUCTIONS FOR COMPLETING CERTIFICATION APPLICATION FORMS
(Form: DFS 1006)

General Information

1. Complete all fields with a number 2 pencil. The scanner will not accept any type of ink.

2. **Make sure that all responses are correctly and completely marked. The output record is generated from the forms and will reflect exactly what is marked on the form. Incorrect entries may result in delay in processing materials.**

3. Do not fold, tear, or mutilate any forms. Damage to the form will prevent the scanner from accepting the forms.

4. Do not make any stray marks on the forms.

5. Do not correct any field by using "liquid white out".

6. Do not mark more than one bubble per column.

Specific Information

1. **LAST NAME, FIRST NAME, MI**: Print the last name in the appropriate space starting at the far left in the last name field. Darken the appropriate circle for each letter. If remaining blocks are not used, you should leave them blank. Repeat the procedure for the first name and middle initial. Spaces must be used to separate the last name from another entry (e.g., Jr., Sr., Smith-Jones, etc.) Darken the space dot in the appropriate column. Make sure that all letters "bubbled in" match those written in blocks. **Certification materials will be printed as the name is "bubbled in".**

2. **SOCIAL SECURITY NUMBER**: Complete the entire field and darken the appropriate circles. Make sure that the numbers "bubbled in" match those written in the blocks. The social security number is the tracking mechanism of individuals in the certification system.

3. **BIRTH DATE**: Complete this entire six digit field and darken the appropriate circles. An applicant must be 17 years of age to test for certification and 18 years of age to be certified.

4. **COUNTY**: The county of residence should be placed in this field. County codes should be completed from the county listing on the back of this instruction sheet and the appropriate circles darkened.

5. **EDUCATION LEVEL**: Complete the entire two digit field. The highest level of formal education in years should be completed and the appropriate circles darkened (e.g., high school diploma = 12).

6. **PRIMARY PROVIDER AND LEVEL**: The EMS provider number and the level at which the applicant is **currently** functioning with that provider should be completed and the appropriate circles darkened. **Advanced Life Support applicants must list a provider that functions at or higher than the level applied. If the provider number is not at the same level or higher, the applicant will automatically be moved to provisional status.**

7. **SECONDARY PROVIDER, TERTIARY PROVIDER, AND LEVELS**: If the applicant is functioning with more than one EMS provider, the fields should be completed with the level of care and the appropriate circles darkened.

8. **GENDER**: Darken the appropriate field.

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9. **RACE**: Darken the appropriate field.

10. **NEWSLETTER STATEMENT**: If you wish to receive the newsletter from the OEMS darken the "yes" circle and you will be placed on the mailing list for the *EMS News*.

11. **MAILING ADDRESS, CITY, and STATE**: Print the appropriate number or letters in the blocks allowing one block between divisions of the mailing address. Abbreviations may be used. This address will be used for all further correspondence so it is important to check for correct coding of the circles. If blocks are not used past the end of the address and city, you should leave them blank. Spaces must be used to separate the elements of an address (e.g., box number, street address, street name, etc.). **Darken the space dot in the appropriate column.** *(Note: Bubbles for numerals 0-9 are found below the "Z" bubble in each column.)*

12. **ZIP CODE**: The zip code field must have at least five spaces completed beginning at the far left of the field. If you have a zip+4 code, the entire field must be completed with the appropriate circles darkened.

13. **TRAINING OFFICER/INSTRUCTOR STATEMENT**: This field should be completed if the applicant has completed an approved examination through an approved continuing education program. The appropriate type of examination and the date of administration must be marked. Applicants who have completed a state administered practical exam within the past year must have their instructor verify that fact and compete this field. IT IS THE RESPONSIBILITY OF THE TRAINING OFFICER OR INSTRUCTOR TO VERIFY THE EXAMINATION AND DATE GIVEN. IF THE BOX IS NOT COMPLETED, THE APPLICANT WILL BE REGISTERED FOR AND EXPECTED TO COMPLETE THE APPROPRIATE STATE EXAMINATION REQUIREMENTS. **Initial AA and EMT applicants must not have either field completed unless they passed a state administered practical exam within one year of the scheduled exam date. Initial ALS applicants must not have the "written" field completed.**

14. **APPLICANT STATEMENT**: The applicant statement must list all convictions except Juvenile convictions and such violations as speeding tickets. Any conviction not listed and later reported may lead to denial, suspension, or revocation of certification. The signature and date must be on the application form or the form cannot be processed. Failure to sign the form may lead to the applicant not being approved to test at the desired examination site.

COUNTY LISTING BY NUMBER

01	ALAMANCE	26	CUMBERLAND	51	JOHNSTON	76	RANDOLPH
02	ALEXANDER	27	CURRITUCK	52	JONES	77	RICHMOND
03	ALLEGHANY	28	DARE	53	LEE	78	ROBESON
04	ANSON	29	DAVIDSON	54	LENOIR	79	ROCKINGHAM
05	ASHE	30	DAVIE	55	LINCOLN	80	ROWAN
06	AVERY	31	DUPLIN	56	MACON	81	RUTHERFORD
07	BEAUFORT	32	DURHAM	57	MADISON	82	SAMPSON
08	BERTIE	33	EDGECOMBE	58	MARTIN	83	SCOTLAND
09	BLADEN	34	FORSYTH	59	MCDOWELL	84	STANLY
10	BRUNSWICK	35	FRANKLIN	60	MECKLENBURG	85	STOKES
11	BUNCOMBE	36	GASTON	61	MITCHELL	86	SURRY
12	BURKE	37	GATES	62	MONTGOMERY	87	SWAIN
13	CABARRUS	38	GRAHAM	63	MOORE	88	TRANSYLVANIA
14	CALDWELL	39	GRANVILLE	64	NASH	89	TYRRELL
15	CAMDEN	40	GREENE	65	NEW HANOVER	90	UNION
16	CARTERET	41	GUILFORD	66	NORTHAMPTON	91	VANCE
17	CASWELL	42	HALIFAX	67	ONSLOW	92	WAKE
18	CATAWBA	43	HARNETT	68	ORANGE	93	WARREN
19	CHATHAM	44	HAYWOOD	69	PAMLICO	94	WASHINGTON
20	CHEROKEE	45	HENDERSON	70	PASQUOTANK	95	WATAUGA
21	CHOWAN	46	HERTFORD	71	PENDER	96	WAYNE
22	CLAY	47	HOKE	72	PERQUIMANS	97	WILKES
23	CLEVELAND	48	HYDE	73	PERSON	98	WILSON
24	COLUMBUS	49	IREDELL	74	PITT	99	YADKIN
25	CRAVEN	50	JACKSON	75	POLK	00	YANCEY

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