



Limited Reciprocity Certification



Pursuant to DC Law 17-357; DC Official Code § 7-2341.03 and Title 29 DC Municipal Regulations Chapter 5, Section 524, Limited Reciprocity Certifications, the EMS Agency, Vehicles, and Providers listed below are granted temporary limited reciprocity to provide EMS care in the District when operating with this agency. This limited reciprocity certification will expire at midnight on the End Date specified below.

Agency Name	Medical Director	Expiration Date

The agency, vehicles, and providers listed below are granted limited reciprocity certifications as follows:

Start Date: _____ End Date: _____

The ambulances listed below are granted reciprocity certification to operate within the District of Columbia for the same time period.

Unit ID Number	Tag Number	Service Level
		<input type="checkbox"/> BLS <input type="checkbox"/> ALS
		<input type="checkbox"/> BLS <input type="checkbox"/> ALS
		<input type="checkbox"/> BLS <input type="checkbox"/> ALS
		<input type="checkbox"/> BLS <input type="checkbox"/> ALS
		<input type="checkbox"/> BLS <input type="checkbox"/> ALS
		<input type="checkbox"/> BLS <input type="checkbox"/> ALS
		<input type="checkbox"/> BLS <input type="checkbox"/> ALS
		<input type="checkbox"/> BLS <input type="checkbox"/> ALS
		<input type="checkbox"/> BLS <input type="checkbox"/> ALS
		<input type="checkbox"/> BLS <input type="checkbox"/> ALS

The EMS providers named below are granted reciprocity certification to provide EMS care in the District of Columbia when operating with this agency.

Provider Name	Certification Number	Certification Level
		<input type="checkbox"/> EMT <input type="checkbox"/> AEMT <input type="checkbox"/> Paramedic
		<input type="checkbox"/> EMT <input type="checkbox"/> AEMT <input type="checkbox"/> Paramedic
		<input type="checkbox"/> EMT <input type="checkbox"/> AEMT <input type="checkbox"/> Paramedic
		<input type="checkbox"/> EMT <input type="checkbox"/> AEMT <input type="checkbox"/> Paramedic
		<input type="checkbox"/> EMT <input type="checkbox"/> AEMT <input type="checkbox"/> Paramedic
		<input type="checkbox"/> EMT <input type="checkbox"/> AEMT <input type="checkbox"/> Paramedic
		<input type="checkbox"/> EMT <input type="checkbox"/> AEMT <input type="checkbox"/> Paramedic
		<input type="checkbox"/> EMT <input type="checkbox"/> AEMT <input type="checkbox"/> Paramedic
		<input type="checkbox"/> EMT <input type="checkbox"/> AEMT <input type="checkbox"/> Paramedic

