



Government of the District of Columbia – Department of Health  
**Limited Reciprocity Application**



### General Instructions

- To ensure faster processing, please make sure the application is complete and all required documents are attached.
- It is the responsibility of the Medical Director of the requesting EMS Agency to sign the application verifying the information concerning the agency, the emergency vehicles, and the individual providers.
- Limited Reciprocity Certification requirements are subject to change as a result of new legislation, new rules and regulations, and/or new policies and procedures adopted by the Department of Health. **Applicants must meet all certification requirements in force as of the time of the application.**
- Please remit the appropriate fees by **certified check or money order** payable to “DC Treasurer.” The application fee covers the cost of reviewing and processing specific application it accompanies. ***Fees Cannot Be Refunded Even If The Applicant(s) Is Found To Be Ineligible For Certification.***

### Agency Information

- This section must be completed for all applications. It identifies the Agency Name, the responsible Medical Director, and the State in which the Medical Director, the Providers, and the Vehicles listed below are currently certified or licensed.
  - Providers and vehicles from different states must be on separate applications
- Application fee is \$15.00 per application (29 DCMR §565.1).

### Vehicle Reciprocity Certification

- In the “Unit ID” column, provide the common unit identifier (Medic 55, Ambulance 14, Rescue 5, etc).
- In the “Tag Number” column, provide the state license tag number for that vehicle.
  - The state on the license tag should match the state identified in the Agency information.
  - Vehicles from different states must be on a separate application for each state.
- Check the appropriate “Service Level” to be provided by the vehicle.
  - Basic Life Support services (Provider certification is Emergency Medical Technician).
  - Advanced Life Support services (Provider certification is Advanced EMT or Paramedic).
- Certification fee is \$50.00 per unit (29 DCMR §565.5).

### Provider Reciprocity Certification

- The providers listed in this section must hold a valid certification or license in the state identified in the Agency section.
  - Providers must maintain state certification for the entire period of the limited reciprocity certification.
- List the provider’s name and state certification number in the appropriate columns.
- Check the appropriate “Certification Level.”
  - Use NREMT certification levels to cross reference the equivalent level for the provider’s current state certification.
  - Agencies may be asked to submit documentation validating the provider’s certification in the state listed on the application.
- Certification fee is \$3.75 per provider (29 DCMR §565.2).

### Submit Application to:

**District of Columbia Department of Health**  
Health Emergency Preparedness and Response Administration  
Limited Reciprocity Certifications  
55 ‘M’ Street, SE  
Suite 300  
Washington, DC 20003  
202-671-4222



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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 Agency, through its Medical Director, is requesting that the EMS Agency, Vehicles, and Providers listed below be granted temporary limited reciprocity to provide EMS care in the District when operating with this agency. As Medical Director I affirm that the agency has a valid license or certification, and that license or certification will remain valid in the original certifying state through the time period granted by District.

Agency Name	Medical Director	State

We request limited reciprocity certifications for the time period listed below:

Start Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

We request that the ambulances listed below be granted reciprocity for the same time period to operate within the District of Columbia.

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

We request that the EMS providers named below be granted reciprocity for the same time period to provide EMS care in the District of Columbia while operating with this agency.

Provider Name	State 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

