

REQUEST FOR COLLEGE CREDITS TO EMS CE'S
Allow 6-8 Weeks to Process

NAME	
NM EMS LICENSE #	
CONTACT PHONE #	
EMAIL ADDRESS	
INSTITUTION	
SEMSESTER	
YEAR	

Please include copy of transcripts with request form.
 Only send transcripts of requested classes
 Applicants and or correlating student ID and name must appear on transcript pages
 Method of instruction also must appear on transcripts or supporting documentation (syllabus, catalog...)
 Mail to:

Nikki Arana, EMT-P, FP-C
 Systems Licensing Manager
 State of New Mexico EMS Bureau
 1301 Siler Rd, Bldg. F
 Santa Fe, NM 87507
 Office: (505)476-8215
 Fax: (505)471-2122
 Nikki.arana@state.nm.us

