

Certified and Licensed Emergency Medical Personnel Extension Request Form

Name: _____

Email address: _____

Oklahoma Certification or License Number: _____ Expiration date: _____

Requests for an extension due to hardships and unforeseen circumstances must be submitted to the Department in writing. Expiration date extensions may be provided without penalty and may be provided by the Department for a period not to exceed ninety (90) days after the expiration date due to hardships and unforeseen circumstances. Describe the reason for requesting this extension. Include any documentation you feel is relevant to your request.

Please email form to esystems@health.ok.gov