



APPENDIX B

EMS PROVIDER REGISTRATION FORM

EMS Agency: _____ **Hire Date:** ____ / ____ / ____

Provider Name:

(Last) _____ (First) _____ (M.I.) _____

Home Phone: (____) _____ **Work Phone:** (____) _____

Cell Phone: (____) _____ **Email:** _____

MI EMS License #: _____ **Driver's License #:** _____

Have you ever worked in the field of EMS in Allegan County before? YES NO

Have you ever had formal Medical Control Authority action taken against you that resulted in reduction, suspension, or termination of privileges? YES NO

CERTIFICATIONS

	Date Completed
ICS 100	
ICS 200	
ICS 700	

	Expiration Date
BLS CPR	
ACLS	
ITLS / PHTLS	
PEPP / PALS / EPC	
BDLS / SALT Triage	

APPENDIX B



**ALLEGAN COUNTY MEDICAL CONTROL
AUTHORITY
EMS PROVIDER REGISTRATION FORM**

Authorization for release of employment or education information

I hereby authorize any former or current employer, medical control authority, or school official to release any information contained in my employment, professional, and/or school records upon request. I specifically waive prior or subsequent written notice of disclosure of record information including disciplinary reports, letters of reprimand, or other disciplinary action. I also release my former employers, medical control authorities, and schools from all claimed liability arising out of such response and disclosure.

(Printed Full Name)

(Applicant Signature)

____/____/_____
(Date)

This information shall be considered a part of the Allegan County Medical Control Authority's Professional Standards Review Organization (PSRO) and will be maintained in accordance with MCL 333.20175 as part of the professional standards review function. I agree to protect the integrity of the PSRO process by not distributing, discussing, or allowing the viewing of confidential information.