MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
EMS & TRAUMA SYSTEMS SECTION
201 TOWNSEND ST, LANSING, MI 48913
517/241-3026

EMERGENCY MEDICAL SERVICES PERSONNEL LIST

Authority: P.A. 368 of 1978, as amended

Please list all emergency medical services personnel. Include: name, license number, level of license and license expiration date. MDCH requires a minimum of six emergency medical services personnel in order to provide emergency assistance on a 24-hours-a-day, 7-days-a-week, 365-days-a-year basis.

Failure to submit a current list of emergency medical services personnel will result in denial of the life support agency license application.

NAME	LICENSE NUMBER	*LEVEL OF LICENSE	LICENSE EXPIRATION DATE

* Enter license level as follows:
MFR = Medical First Responder
EMT = Emergency Medical Technician
EMTS = Emergency Medical Technician Specialist
PARA = Paramedic

As owner or legally responsible person for _____, I hereby certify and attest that the personnel listed on this document are available to meet the terms of the proposed license and that these personnel will be utilized by this life support agency in a manner that will meet all minimum standards and comply with the applicable rules promulgated by the department.

Signature of owner or legally responsible person	Date