County Coordinator Change Form

Complete the following information, if you are accessing the EMS online system as an EMS service supervisor and are updating or creating an account.

Select One: ☐ New EMS County Coordinator ☐ Change EMS County Coordinator

County Name	Current Medical Program Director (MPD)

EMS County Coordinator: Complete this section

Name	First	Middle	Last

Email Address:	Credential Number (if applicable)

Social Security Number (SSN):	Date of Birth

Email Address:

Address:

City:	State:	Zip Code:	County:

"I affirm I will review EMS provider certification per WAC 246-976 to assist MPD."

By: _____ Dated: _____
(new added Signature of EMS County Coordinator) (mm/dd/yyyy)

EMS service verification of EMS county coordinator addition or change. This section to be completed by current EMS county MPD. Please complete all fields.

Medical Program Director Name	Medical Program Director Email

"I affirm this person is approved by our EMS service to fill the role of EMS county coordinator."

By: _____ Dated: _____
(County MPD signature) (mm/dd/yyyy)

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.