Washington State Department of HEALTH

EMS Supervisor 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 Service Supervisor ☐ Change EMS Service Supervisor

EMS Service Name	EMS Service License Number

EMS Service Supervisor: 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 and affirm EMS provider certification per WAC 246-976."

By: _____ Dated: _____

(new added Signature of EMS service supervisor) (mm/dd/yyyy)

EMS service verification of EMS supervisor addition or change. This section to be completed by current EMS service leadership. Please complete all fields.

EMS Service Representative Name	EMS Service Representative Email

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

By: _____ Dated: _____

(EMS service leadership signature) (mm/dd/yyyy)