

EMS Supervisor Change Form

Complete the following information, if you are accessing the EMS online system as an agency supervisor and are updting or creating an account.				
Select One: New Agency Change				
Complete this section if you hold a credential with the Department of health				
Name First		Middl	е	Last
Email Address:		Credential Number		
Agency Name		Agency License Number		
Complete this section if you have not held a credential with the Department of health				
Name First	First Middle Last			Last
Social Security Number (SSN):			Date of Birth	
Email Address:				
Address:				
City:	State:	Zip Cod	e:	County:
Agency Name			Agency License Number	

By:_____ (Signature of Agency Supervisor)

Dated: ________(mm/dd/yyyy)