

# Mountain Lakes Regional EMS Council



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## ALS Re-Credentialing Supplement Form

### List of additional Agencies

This form is to be used when you are a member of multiple agencies. For each agency you belong to **in addition to your primary agency**, please fill out the following information. If an additional agency has a different Medical Director than your primary agency, you must obtain that Medical Director's signature.

Name of Provider: \_\_\_\_\_ Signature of Provider: \_\_\_\_\_  
(Please Print)

EMT Certification #:

ALS Tech. #:

### Additional Agency Affiliation

**Agency Officer Authorization (All Agencies)** As an officer of this EMS organization, my signature hereby recognizes the above named EMS provider as an ALS provider of this organization.

Agency Name : \_\_\_\_\_

Name of Agency Official: \_\_\_\_\_ Signature of agency official: \_\_\_\_\_  
(Please print)

**Medical Director's Authorization (Only if different than primary agency):** I authorize the above named AEMT to practice under my license as an ALS provider within my medical control authority.

Name of Agency's Medical Director: \_\_\_\_\_ Signature of Medical Director: \_\_\_\_\_  
(Please Print)

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**Agency Officer Authorization (All Agencies)** As an officer of this EMS organization, my signature hereby recognizes the above named EMS provider as an ALS provider of this organization

Agency Name : \_\_\_\_\_

Name of Agency Official: \_\_\_\_\_ Signature of agency official: \_\_\_\_\_  
(Please print)

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Name of Agency's Medical Director: \_\_\_\_\_ Signature of Medical Director: \_\_\_\_\_  
(Please Print)

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(Please print)

**Medical Director's Authorization (Only if different than primary agency):** I authorize the above named AEMT to practice under my license as an ALS provider within my medical control authority

Name of Agency's Medical Director: \_\_\_\_\_ Signature of Medical Director: \_\_\_\_\_  
(Please Print)

**Please Use Additional Forms As Required**