

SOUTHEAST ALABAMA EMS REGION FIVE

Autauga, Barbour, Bullock, Butler, Coffee, Covington, Crenshaw, Dale, Elmore,
Geneva, Henry, Houston, Lee, Lowndes, Macon, Montgomery, Pike, Russell

INDIVIDUAL EMT ACCOUNT INFORMATION

PLEASE TYPE OR PRINT LEGIBLY -- ALL INFORMATION IS REQUIRED

County of Residence: _____ EMT Level: (Please circle) EMT – AEMT - NRP

EMT Name: _____
FIRST MIDDLE LAST

EMT License Number: _____ EMT License Expiration: _____

Address: _____
(Number & Street) (City) (State) (Zip)

Phone Number: (_____) - (_____) - (_____) Please circle: Cell – Home - Work

Email Address: _____

Name of Primary EMS Agency: _____

List all other EMS agencies (Within the SEAEMS Region) where you work or volunteer in EMS:

Agency: _____ County: _____

Agency: _____ County: _____

Agency: _____ County: _____

Agency: _____ County: _____

Training Officer/Captain of Primary EMS Agency: _____
Name Title

Phone: _____ Email Address: _____

ARE YOU AN INSTRUCTOR?

WOULD YOU WANT TO BE IN A REGIONAL INSTRUCTOR POOL?

IF INTERESTED, CHECK EACH OF THE COURSES YOU WOULD LIKE TO TEACH AND ARE QUALIFIED TO TEACH

___ CPR ___ ACLS ___ ITLS ___ PHTLS ___ PALS ___ PEPP ___ EVOC

PLEASE NOTE

ALL EMTS THAT ARE SUBMITTING THIS FORM INDIVIDUALLY MUST ATTACH A COPY OF YOUR CREDENTIALLED ALABAMA EMT LICENSE AND INCLUDE YOUR TRAINING OFFICER CONTACT INFORMATION. FORMS SUBMITTED BY THE DEPARTMENT WHERE YOU WORK ARE CONSIDERED VERIFIED BY THE TRAINING OFFICER.

SOUTHEAST ALABAMA EMS
P. O. BOX 1265
DOTHAN, AL 36302
TELEPHONE: 1-888-732-3677 OR (334) 793-7789