

WAKE COUNTY EMS SYSTEM PERSONNEL DATA FORM

PLEASE PRINT PLEASE PRINT PLEASE PRINT PLEASE PRINT PLEASE PRINT PLEASE PRINT

Date Form Completed: ____ / ____ / ____ Form Completed By: _____

Status: New Member Update Existing Member Remove a Member From Our Department

Last Name _____ MI _____ First Name _____

Name Suffix: Jr II III Other: _____ Sex: Male Female Date ____ / ____ / ____

Primary Shift: Full time Part-time Administrative Volunteer Wake County ID#: _____

Race: White Black Hispanic Asian American Indian/Eskimo Other: _____

Circle Highest Education Level: <9 9 10 11 12 13 14 15 16 17 18 19 20 20+

NCEMS P-Number: **P** _____ Date of Birth: ____ / ____ / 19____

Mailing Address: _____	
City: _____	State: _____ Zip Code: _____
Driver's License # _____	State: _____ Expiration Date: ____ / ____ / 20 ____
Home Phone: _____ - _____	Work Phone: _____ - _____
Cell Phone: _____ - _____	Other Phone: _____ - _____
E-mail address: _____	

NC EMS Certification: None MR EMT EMT-I EMT-P EMD

NOTE: Credentialed personnel MUST Submit a Copy of Your Current NC Certification.

Current Certification Expiration Date: ____ / ____ / 20 ____ Initial Certification Date Current Level: ____ / ____ / ____

Department: _____ Affiliation Date (If New Member) ____ / ____ / ____

Is This Your PRIMARY Wake County Affiliation: Yes No

LIST ANY WAKE COUNTY PUBLIC SAFETY DEPARTMENTS WITH WHICH YOU ARE CURRENTLY AFFILIATED OR HAVE BEEN AFFILIATED WITH IN THE PAST: _____

*****To Be Completed By Ambulance Personnel Only *****

Have you been through Wake County System Entry? Yes No

At what level are you approved to practice in Wake County? _____

Official Use Only

NCOEMS PreMIS Registration Information (www.premis.net)
Provider Name: <u>Wake County EMS</u>
Type of user: <input checked="" type="checkbox"/> Basic <input type="checkbox"/> Administrator
PreMIS Coordinator Signature (Required) _____