



Alabama EMS Region One Individual EMSP Registration Form

PLEASE PRINT
*** REQUIRED INFORMATION**

*NAME: _____

*LEVEL: EMT Advanced Intermediate Paramedic * EMSP NUMBER: _____
(Alabama EMSP number if available)

*CELL: _____

*EMAIL: _____

*PHYSICAL ADDRESS (NO PO BOXES): _____

*CITY: _____ *COUNTY: _____ * ZIP CODE: _____

PROVIDE THE FOLLOWING INFORMATION IF YOU WORK WITH AN EMS AGENCY (PAID OR VOLUNTEER):

Check this box if you are not currently working for an EMS provider.

*PRIMARY EMS AGENCY: _____

*Primary EMS Agency County: _____ *Agency Phone: _____

*Training Officer: _____ *Training Officer Phone: _____

*Training Officer Email: _____

List additional EMS agency where you are employed or volunteer:

AGENCY: _____ COUNTY: _____

AGENCY: _____ COUNTY: _____

READ NOTICE AND SIGN TO ACKNOWLEDGE

ALL THE INFORMATION PROVIDED ON THIS FORM IS ACCURATE
AND I UNDERSTAND THE TERMS FOR HAVING AN ALINK
ACCOUNT PROVIDED BY ALABAMA EMS REGION ONE.

SIGNATURE: _____

DATE: _____

NEED ASSISTANCE?

Call: (256) 783.8833 or Email: dschultz@hems.org

AERO FAX: (256) 518-2248

**AFFIX
LEGIBLE
COPY
OF
EMSP
LICENSE
(REQUIRED)**