

EMS MEDICAL DIRECTION PROVIDER CHANGE

AGENCY NAME: _____ DATE: _____

Please make the following change in the status of our employee:

NAME OF EMPLOYEE: _____
Last First Middle

AZ CERTIFICATION NO: _____ CERT. LEVEL _____

EXP. DATE: _____

Please check one of the following:

NEW EMPLOYEE: _____

TERMINATION: _____

Was termination related to patient care/EMS practice Y/N?: _____

LAYOFF/RESIGNATION: _____

CHANGE IN CERTIFICATION: _____

RECERTIFICATION: _____

CERTIFICATION EXPIRED: _____

Send to:

Flagstaff Medical Center

Prehospital Care Dept.

1200 N. Beaver

Flagstaff, AZ 86001

Fax#: (928)773-2461

FMC Medical Direction Service Agreements require that agencies notify the Prehospital Care Dept. within 10 days of any addition, termination, transfer, or change in certification of their employees that receive medical direction from Flagstaff Medical Center. **Proof of recertification must be received at the department prior to or on the expiration date of the current card. Proof of an airway workshop attendance must be attached for recertification notification.** Proof of 18 ALS calls per year may be requested by Prehospital Care Dept.