

# ***Application for Medical Direction***

**SUMMIT HEALTHCARE REGIONAL MEDICAL CENTER – BASE HOSPITAL  
2200 SHOW LOW LAKE ROAD, SHOW LOW, ARIZONA 85901**

Application Date: \_\_\_\_\_ Agency Affiliation: Sacred Mountain Medical Services

Level of Certification: FR EMT IEMT CEP RN RT

Cert/License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Have you had any previous Base Hospital affiliations? YES NO

If yes, what hospital? \_\_\_\_\_

List prehospital education:

Dates

Location

Instructor(s)

List 3 references. Name, address and Phone Number:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Attach copies of all current certification cards (EMT-CEP, CPR, BTLS/PHTLS, PALS, ACLS, etc.)**

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\_\_\_\_\_ is hereby granted Medical Direction by Summit  
Healthcare Regional Medical Center, dated this \_\_\_\_\_ day of \_\_\_\_\_, 20  
\_\_\_\_\_.

\_\_\_\_\_  
**Jason Johnson, MD**

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**Clint Peck, RN**