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.)

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

_____   _____
        Jason Johnson, MD   **Clint Peck, RN**