

PURPOSE: The purpose of this policy is to provide a mechanism for individuals, providers, and organizations to maintain personnel and position updates with the EMS Agency.

AUTHORITY: Health and Safety Code, Division 2.5, Section 1797.220, 1798 et seq.

POLICY:

- I. San Joaquin County accredited, authorized and certified EMS personnel shall maintain up-to-date contact information with the EMS Agency.
- II. Authorized advanced life support (ALS) providers shall maintain up-to-date contact information and a current list of ALS and basic life support (BLS) personnel with the EMS Agency.
- III. Individuals shall complete and submit a Personnel Update Form (Appendix A) to the EMS Agency within thirty (30) days of a change occurring. A change of address may also be submitted online from the EMS Agency website: www.sjgov.org/ems/addressChangeRequest.aspx.
- IV. Authorized ALS providers shall complete and submit a Provider Update Form (Appendix B) to the EMS Agency within thirty (30) days of a change occurring. This form is intended for use in reporting personnel assignment changes as-well-as changes in provider contact information.
- V. Please fill out all information requested on the forms to ensure that the EMS Agency is provided with the most current information available.

Effective: January 1, 2009

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Revised:

Supersedes:

Approved: Signature on File
Medical Director

Signature on File
EMS Administrator

SECTION A – INDIVIDUAL FIELD CARE PROVIDERS - (FR/EMT/MICP/MICN):		
<input type="checkbox"/> Change (of Information)	<input type="checkbox"/> Addition (new employee)	<input type="checkbox"/> Deletion (NO longer employee)
Date of Change:	Employer/Agency:	Cert/ Lic Number:
Additional Employers:		
Name:		
New Name:		
New Mailing Address:		
City:	State:	Zip:
Business Phone:	Home Phone:	
E-Mail Address:	Cellular Phone:	
San Joaquin County EMS Agency Use Only:		
Date Received:	Date Updated:	Initials:

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