

Please complete & print the following form  
**Mail to :** St. Anthony PreHospital Office  
 4231 West 16<sup>th</sup> Avenue, Kuhlman Suite 413  
 Denver, Colorado 80204  
**or e-mail** [scottphillips@centura.org](mailto:scottphillips@centura.org)  
 or fax 303-629-3622

**Print Name** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_  
**Date of Birth** \_\_\_\_\_  
**State of Colorado EMT #** \_\_\_\_\_  
**National Registry #** \_\_\_\_\_  
**SAC Tracking Number:** \_\_\_\_\_  
 (birthdate + last 4 of SSN)

## MEDICAL DIRECTION CERTIFICATION/REGISTRATION

### READ CAREFULLY and INITIAL EACH PARAGRAPH:

<input type="checkbox"/>	This record will be used to verify information necessary to function at the EMT level under the supervision of W. Peter Vellman, MD or his assistant medical directors.
<input type="checkbox"/>	To ensure coverage by Dr. Vellman as medical director, either (1) provide legible copies of certificates with this form or (3) a letter from your agency verifying the information above and any certification and expiration dates.
<input type="checkbox"/>	PreHospital Services will use the information contained on this form as necessary to maintain our oversight of your EMT practice as it is regulated by the State of Colorado.
<input type="checkbox"/>	It is <b>YOUR</b> responsibility to provide legible, current records and certificates to PreHospital Services.
<input type="checkbox"/>	If your EMT-Basic/Intermediate/Paramedic certificate expires, you are prohibited from providing patient care at any EMT level.
<input type="checkbox"/>	Any time there is a change in certification level, it is <b>YOUR</b> responsibility to notify PreHospital Services in writing, with copies of certificates.

### CURRENT CERTIFICATIONS

1st Responder <input type="checkbox"/>	Issued by the state of _____	Expiration date _____	Year 1st Certified _____
EMT-Basic <input type="checkbox"/>	Issued by the state of _____	Expiration date _____	Year 1st Certified _____
EMT-Intermediate <input type="checkbox"/>	Issued by the state of _____	Expiration date _____	Year 1st Certified _____
EMT-Paramedic <input type="checkbox"/>	Issued by the state of _____	Expiration date _____	Year 1st Certified _____
National Registry <input type="checkbox"/>	Level of Certification _____	Expiration date _____	Year 1st Certified _____

### ADDITIONAL CERTIFICATIONS

ACLS	Provider Expires _____	Instructor Expires _____		PALS	Provider Expires _____	Instructor Expires _____
ITLS	Provider Expires _____	Instructor Expires _____		PEPP	Provider Expires _____	Instructor Expires _____
CPR	Provider Expires _____	Instructor Expires _____		PHTLS	Provider Expires _____	Instructor Expires _____

### ADDITIONAL TRAINING

IV Approval <input type="checkbox"/>	School: _____	Date attended: _____
AED <input type="checkbox"/>	School: _____	Date attended: _____
EKG Course <input type="checkbox"/>	School: _____	Date attended _____
Additional (list) _____		

Current EMS Agency Affiliations(s): \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_