



Letter of Good Standing Request

Completed by Provider					
Last Name:		First Name:		MI:	
Home Address:				Apartment:	
City:		State:	Zip Code:		County:
Phone:		SSN:		DOB:	
Personal Email Address:					
IDPH License Type: <input type="checkbox"/> Paramedic <input type="checkbox"/> EMT-Basic			Number:		Expiration:
Current Fire Department Affiliation:					
Current Primary EMS System Affiliation: <input type="checkbox"/> NMnrEMSS <input type="checkbox"/> Other:					
Current Secondary EMS System Affiliation: <input type="checkbox"/> NMnrEMSS <input type="checkbox"/> Other: _____ <input type="checkbox"/> I am not currently Secondary anywhere					
EMS System Affiliation Request:					
<input type="checkbox"/> NMnrEMSS remains Primary with: _____		<input type="checkbox"/> NMnrEMSS changes Primary to Secondary with: _____		<input type="checkbox"/> Leave NMnrEMSS and End System Affiliation Date leaving current Fire Department: _____	
Submit Letter To:					
Hospital System Name:			New Fire/EMS Department:		
EMS Coordinator Name:			Email Address:		
Street Address:			City:		Zip Code:
Signature of Provider Submitting Request:					
Completed by Current Department Medical Officer					
<input type="checkbox"/> This provider will remain employed with the above listed department					
<input type="checkbox"/> This provider will <u>no longer</u> be employed with the above listed department, remove them from the System					
MO Name: _____ MO signature: _____ Date: _____					
Administrative Use Only ***Do Not Write Below This Line					
Date Processed: <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Faxed					
Signature:					