



Completed by Provider		
Last Name:	First Name:	MI:
Home Address:		Apt:
City:	State:	Zip Code:
Phone:	Last Four SSN:	DOB:
EMS Agency Email:		
Personal Email:		
Previous Affiliation		
<input checked="" type="checkbox"/> I am previously affiliated with another EMS System: _____		
<input type="checkbox"/> I am currently not affiliated with another EMS System (completed a Paramedic/EMT program w/in last year) Program Name: _____ Graduation Date: _____		
<input type="checkbox"/> I am currently affiliated with another Fire Department: _____		
NMnrEMSS Affiliation Request		
I want NMnrEMSS to be my:	<input type="checkbox"/> Primary System	<input type="checkbox"/> Secondary System - Primary Affiliation: _____
<input type="checkbox"/> EMT <input type="checkbox"/> Paramedic	IDPH Number: _____	NREMT Number: _____
	Expiration: _____	Expiration: _____
Completed by Medical Officer		
Mandatory Items Enclosed:	<input type="checkbox"/> Letter of Good Standing	<input type="checkbox"/> Copy of Driver's License <input type="checkbox"/> Copy of AHA BLS CPR
	<input type="checkbox"/> CE Report	<input type="checkbox"/> Copy of EMS License
Medical Officer: _____	Signature: _____	Date: _____
Applicant EHR Username: _____		
Completed by EMS Coordinator		
<input type="checkbox"/> IDPH EMS system number updated	Signature: _____	Date: _____