

ALABAMA DEPARTMENT OF PUBLIC HEALTH
OFFICE OF EMS

RSA Tower, 201 Monroe Street, Suite 1100



Critical Care Application



Mail to: Office of EMS
P.O. Box 303017
Montgomery, AL 36130-3017

Application Information

TODAY'S DATE: _____
COUNTY OF OPERATION: _____
CURRENT SERVICE ID: _____

Office of EMS use only

Application Received Date: _____
Approved By: _____
Approved Date: _____

Demographic Information

NAME OF SERVICE: _____
PHYSICAL ADDRESS: _____
STREET _____
CITY _____ STATE _____ ZIP _____

Contact Information

CONTACT PERSON: _____
CONTACT E-MAIL: _____
Direct Phone:(____) ____ - ____ Cell Phone:(____) ____ - ____ FAX Number:(____) ____ - ____
TRAINING OFFICER: _____ T.O. Phone:(____) ____ - ____
T.O. E-MAIL: _____

Medical Director

SERVICE MEDICAL DIRECTOR: _____ MDPID#: _____

Provider Service Owner Signature: _____ Date: _____

Service Medical Director Signature: _____ Date: _____

MAKE A COPY FOR YOUR RECORDS — SUBMIT THE ORIGINAL APPLICATION