



## Riverview Health EMS Education

### EMS Provider Affiliation Application

Date of Application: \_\_\_\_\_ Applying for: (circle) EMT-B EMT-P

Applicant's Name: \_\_\_\_\_

Applicant's Department: \_\_\_\_\_

Department's Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Department's Phone number: \_\_\_\_\_

### Letters of Reference

Attach a letter of reference from your current EMS Supervisor, or Fire Chief

The information I have provided on this application is accurate and correct. I understand misrepresenting my personal data as requested above, or providing incorrect data may result in denial of acceptance as an EMS provider or termination from the system.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Statement of Understanding

#### Standard of Care

I understand that as an EMS provider in the Riverview Health EMS System, I must comply with all protocols set forth by the EMS Medical Director. I further understand that violation of any protocol is noncompliance with the expected Standard of Care and such action may result in immediate corrective action, including affiliation suspension.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

### Office Use

Date Application Received: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Date of Protocol Exam: \_\_\_\_\_

Date Affiliation Letter Sent: \_\_\_\_\_