



# EMS Response Agency Certification Renewal Short Form

## Instructions

Please review the following information. If the information is correct, check the box in the Certification Section indicating there are no changes. If any of the information is incorrect, please provide any necessary corrections and check the Corrections Attached box. Please sign the Certification section and return the form to the District EMS Officer.

Sample EMS Department  
123 Anywhere Parkway, SW

DC Agency Number 1000  
Certified through 12/31/2016  
Phone: (202) 555-5555

Washington, DC 20032-  
[http://sample\\_ems.com](http://sample_ems.com)

E-mail:

### Care Authorization

- Basic Life Support
- Advanced Life Support

### Operational Authorizations

- Ground Transport
- Air Transport
- Non-transport
- Special Events

## Medical Director Information

Name: David Doctor

DC License: MD0000

Address: 123 Second Avenue

City: Washington

State: DC

Zip Code: 20001-

E-mail: david.doctor@aol.com

Office: (202) 555-5555 Ext:

Mobile:

Fax:

Pager:

Start Date: 09/01/2014

End Date:



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### Operations Director Information

Name: Sample Director

Address:

City: Washington

State: DC

Zip Code:

E-mail: @ .

Office: (202) 555-5555 Ext:

Mobile:

Fax:

Pager:

Start Dat 11/14/201

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### Corrections

Please provide any corrections below. If necessary use additional sheets

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### Certification

No Changes Necessary

Corrections Noted Above

I hereby certify that the information contained within this application is true and complete to the best of my knowledge and belief. I understand and acknowledge that the making of a false statement in connection with this application is punishable by criminal penalties, and may also subject me to civil penalties and to the denial or termination of the certification.

\_\_\_\_\_  
*Signature of the Medical Director*

\_\_\_\_\_  
*Date*