

**WAKE COUNTY EMS SYSTEM  
PERSONNEL DATA FORM**

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Date Form Completed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Form Completed By: \_\_\_\_\_

Status:  New Member  Update Existing Member  Remove a Member From Our Department

Last Name \_\_\_\_\_ MI \_\_\_\_\_ First Name \_\_\_\_\_

Name Suffix: Jr  II  III  Other: \_\_\_\_\_ Sex:  Male  Female Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Primary Shift:  Full time  Part-time  Administrative  Volunteer Wake County ID#: \_\_\_\_\_

Race:  White  Black  Hispanic  Asian  American Indian/Eskimo  Other: \_\_\_\_\_

Circle Highest Education Level: <9 9 10 11 12 13 14 15 16 17 18 19 20 20+

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / 19\_\_\_\_

Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Driver's License # \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_  
Home Phone: \_\_\_\_\_ - \_\_\_\_\_ Work Phone: \_\_\_\_\_ - \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ Other Phone: \_\_\_\_\_ - \_\_\_\_\_  
E-mail address: \_\_\_\_\_

NC EMS Certification:  None  MR  EMT  EMT-I  EMT-P  EMD

**NOTE: Credentialed personnel MUST Submit a Copy of Your Current NC Certification.**

Current Certification Expiration Date: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_ Initial Certification Date Current Level: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Department: \_\_\_\_\_ Affiliation Date (If New Member) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Is This Your PRIMARY Wake County Affiliation:  Yes  No

LIST ANY WAKE COUNTY PUBLIC SAFETY DEPARTMENTS WITH WHICH YOU ARE CURRENTLY AFFILIATED OR HAVE BEEN AFFILIATED WITH IN THE PAST:  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*To Be Completed By Ambulance Personnel Only \*\*\***

Have you been through Wake County System Entry?  Yes  No

At what level are you approved to practice in Wake County? \_\_\_\_\_

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Official Use Only

**Healthware Solutions User Registration**  
Type of user:  Basic (All users by default)  
Full Administrator (Manager signature required) \_\_\_\_\_ Date \_\_\_\_\_  
EMS Admiistrator (Manager signature required) \_\_\_\_\_ Date \_\_\_\_\_  
Access level changed by \_\_\_\_\_ Date \_\_\_\_\_  
Version 08/04/08