

# 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

Primary Shift: \_\_\_Full time \_\_\_Part-time \_\_\_Administrative \_\_\_Volunteer

NCEMS P-Number: **P** \_\_\_\_\_ Wake County ID Number (if you have one): \_\_\_\_\_

Date of Birth: ___/___/___
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 \_\_\_AEMT \_\_\_Paramedic \_\_\_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: _____ _____
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**\*\*\* To Be Completed By Ambulance Personnel Only \*\*\***

Have you ever completed Wake County EMS System Entry? \_\_\_Yes\_\_\_No

If yes, at what level are you approved to practice in Wake County? \_\_\_EMT\_\_\_AEMT\_\_\_Paramedic

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Official Use Only

___ PS Trak	___ EMS Credential
___ CIS	___ ICS 100
___ Op IQ	___ ICS 200
___ ESO	___ ICS 700
___ SharePoint	___ ICS 800