

WAKE COUNTY EMS SYSTEM RE-CREDENTIAL APPLICATION FORM

PLEASE PRINT – IF WE CAN'T READ IT, WE WILL HAVE TO RETURN IT TO YOU.
ALL FIELDS ARE REQUIRED

Date Notice Sent: ____/____/____

Credential: _____

Last Name: _____ MI: ____ First Name: _____

Our records indicate that you are due to re-credential by: ____/____/____

NC OEMS P #: _____

Note: If you do not already have your NC OEMS P#, visit the following link for instructions on how to obtain it: <http://www.emspic.org/cis.html>

Sponsoring EMS/First Responder Agency: _____

Current Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: ____-____-____ Work Phone: ____-____-____

Other Phone: ____-____-____ E-mail Address: _____

Applicant Statement:

I hereby affirm that all statements on the Wake EMS System Re-credentialing Worksheet are true and correct. It is understood that false statements or documents may be sufficient cause for revocation by the Wake County EMS Medical Director and/or the NC Office of EMS. It is also understood that Wake County EMS Division of Professional Development and/or the NC Office of EMS may conduct an audit of the re-credentialing activities listed at any time.

Applicant Signature

Date Signed

Training Officer/Supervisor Statement:

As the Training Officer/Supervisor of the sponsoring agency, I verify that this applicant is affiliated and in good standing with the agency.

Officer Signature

Officer Name

Date Signed

