

SOUTHEAST ALABAMA EMS REGION FIVE

Autauga, Barbour, Bullock, Butler, Coffee, Covington, Crenshaw, Dale, Dallas, Elmore,
Geneva, Henry, Houston, Lee, Lowndes, Macon, Montgomery, Pike, Russell, Wilcox

INDIVIDUAL EMT ACCOUNT INFORMATION

PLEASE TYPE OR PRINT LEGIBLY

County of Residence: _____ SEAEMS NUMBER: _____

TO BE ASSIGNED

EMT Name: _____ EMT Level: _____
 First Middle Last

EMT License Number: _____ EMT License Expiration: _____

Phone Numbers: Cell _____ Home _____ Work _____

Email Address (REQUIRED) _____

Name of Primary EMS Agency: _____

List all other EMS agencies (within the SEAEMS Region) where you work or volunteer in EMS:

Agency: _____ County: _____

Agency: _____ County: _____

Agency: _____ County: _____

Agency: _____ County: _____

Training Officer/Captain of Primary EMS Agency: _____

Name

Title

Phone: _____ Email address: _____

ARE YOU AN INSTRUCTOR?

WOULD YOU WANT TO BE IN A REGIONAL INSTRUCTOR POOL?

IF INTERESTED, CHECK EACH OF THE COURSES YOU WOULD LIKE TO TEACH AND ARE QUALIFIED TO TEACH.

CPR ACLS ITLS PHTLS PALS PEPP EVOC

PLEASE NOTE

ALL EMTS THAT ARE SUBMITTING THIS FORM INDIVIDUALLY MUST ATTACH A COPY OF YOUR CREDENTIALLED ALABAMA EMT LICENSE AND INCLUDE YOUR TRAINING OFFICER CONTACT INFORMATION. FORMS SUBMITTED BY THE DEPARTMENT WHERE YOU WORK ARE CONSIDERED VERIFIED BY THE TRAINING OFFICER.

SOUTHEAST ALABAMA EMS
P. O. BOX 1265
DOTHAN, ALABAMA 36302
TELEPHONE: 1-888-732-3677 OR (334) 793-7789