

NORTHERN CALIFORNIA EMS, INC. 930 Executive Way Suite 150, Redding, CA 96002-0635 Phone: (530) 229-3979 Fax: (530) 229-3984

REQUEST FOR TEMPORARY RECOGNITION OF OUT-OF-STATE EMS PERSONNEL RESPONDING ON MUTUAL AID IN CALIFORNIA

Authorization for recognition is requested for the The ident				
care services for incident personnel. It is anticipat	ed that they may be p	providing t	hese services for up to:	
Circle One: 21 Days 90 days	120 days			
1. Full name	Cert/Lic. Level	State	NREMT# (or/NA)	
2		- 	- (0/11A)	
Full name 3.	Cert/Lic. Level	State	NREMT# (or/NA)	
Full name	Cert/Lic. Level	State	NREMT# (or/NA)	
4. Full name	Cert/Lic. Level	State	NREMT# (or/NA)	
5. Full name	Cert/Lic. Level	State	NREMT# (or/NA)	
6. Full name	Cert/Lic. Level	State	NREMT# (or/NA)	
The above individual(s) will be assigned starting	on		_	
The primary agency/unit jurisdictional authority i	s:			
I attest that I have physically examined the certific	cations/licenses of the	e above in	dividuals.	
Medical Unit Leader-Print Name	() Telephone Nu	() Telephone Number		
	() Fax Number	()Fax Number		
Medical Unit Leader-Signature	Date			
Jeffrey Kepple, MD, Medical Director Nor-Cal EMS Approval	Date			

(Print or type all information. Use additional forms as necessary.)