

AFFILIATION VERIFICATION

NOTE: IF YOU ARE CHANGING YOUR AFFILIATION OR ADDING AN AFFILIATION, YOU NEED TO COMPLETE THIS APPLICATION.

Check One: ☐ Add a new initial affiliation
☐ Change initial affiliation (drop old affiliation number ☐☐☐☐☐☐)
☐ Add an additional affiliation (keep current affiliation(s))

Please check one: ALS ☐ BLS ☐ EMD ☐

Name: _____ SSN _____

Provider Number: _____

New Affiliation Identification (copy from Application 1, side 1 or refer to App. B of the Users Manual)

Affil. No. Affil. Name Calvert Advanced Life Support

1. COMPANY VERIFICATION/ MFRI VERIFICATION

☐ MFRI

To be completed by the company senior EMS Officer

I verify that the candidate named on this form is currently an active EMS member/provider holding membership with this company as of this date. This company approves of this individual's participation in EMS training and/or verifies that this individual will be providing EMS care as a member of this company.

Signature _____ Title _____ Date _____

Printed Name _____ Day Telephone (____) _____

2. EMS OPERATIONAL PROGRAM SIGNATURE

(This section **MUST** be completed by the approved verifying agency representative for all ALS, EMT, & EMD candidates)

☐ APPROVED EMS OPERATIONAL PROGRAM

☐ APPROVED COMMERCIAL SERVICE

I verify by my signature that the candidate named on this form is affiliated with a recognized and appropriate Maryland EMS Operational Program and/or Commercial EMS Service and will be/is authorized to provide EMS care within the company/EMS Operational Program of affiliation.

Signature _____ Title _____ Date _____

Printed Name _____ Day Telephone (____) _____

3. MEDICAL DIRECTOR SIGNATURE

(THIS SECTION **MUST** BE COMPLETED FOR ALL ALS CANDIDATES)

I verify by my signature that the candidate named on this form has met all local and state requirements in order to pursue licensing/certifying with the intent to function in the EMS Operational Program of which I am the Medical Director.

Signature _____ Date _____

Printed Name _____ Day Telephone (____) _____

4 **APPLICANT SIGNATURE** I understand that ALL information on this form is correct to the best of my knowledge, and is subject to verification. Failure to meet any requirements may serve as grounds of ineligibility for certification/licensure.

Applicant's signature: _____

Date _____