



Randy Gentry, Director

911 Communications, Fire, EMS, and EM Planning

Application for Pitt County EMS System Affiliation

EMS agency: _____

Last: _____ First: _____ Middle: _____

Last 4 digits of SSN: XXX-XX- _____

Home Address: _____ City: _____ Zip: _____

Mailing Address: _____ City: _____ Zip: _____

Phone: _____ Mobile phone: _____ Cellphone carrier: _____

E-mail: _____

Do you wish to participate in the Text Messaging Program? (Please check one) Yes___ No ___

NCOEMS credential Level: () EMT () AEMT () Paramedic

NCOEMS Number: P - _____ Expiration Date: _____

APPLYING FOR:

() Part-Time () Full-Time () Volunteer

Applicant's Signature: _____

Date: _____

EMS Agency representative:

Name: _____

Date: _____

Signature: _____

Additional Information required for local credentialing

- Copy of Valid Driver's License
- Copy of NCOEMS Credential card
- Copy of any NCOEMS reprimand letters issued in the last 10 years
- Letter of reference (good standing) from last EMS Medical Director, EMS System Chief or EMS Training Officer (Paramedics only)