

EMS Demographic Information Continued

BACKGROUND INFORMATION

1. Have you, under this or any other name, **EVER** been issued a citation, warrant, summons, been arrested, charged, convicted of, pled guilty or no contest to, received a deferred sentence, no true bill or prayer for judgement for a misdemeanor or felony in this or any other state or nation (including the Armed Forces – domestic or abroad) or received a non-judicial punishment while serving in the Armed Forces? **If yes, list offenses, including year, place it happened and verdict, below. Please list all aliases including maiden name used.**
- Yes No

PLEASE NOTE: Failing to answer this truthfully and completely will be considered falsification of this document. Document falsification is a violation of 10A NCAC 13P .1507(b)(2).

DATE	OFFENSE	OUTCOME/VERDICT/SENTENCE	UNDER WHAT NAME

2. Have you EVER been required by the North Carolina Office of Emergency Medical Services to undergo a criminal background history check requiring fingerprinting and a #38 processing fee?
- Yes No
3. Have you EVER been or are you currently the subject of an investigation and/or had any disciplinary action taken against you in connection with the performance of health care-related activities in this or any other state or nation?
- Yes No
- If yes, document where you are or have been certified, licensed, registered or credentialed as a health care provider.
 Credentialing/Licensing Body: _____ Action Taken: _____
4. Do you now or have you resided out of the state of North Carolina any time during the past 5 years? Yes No
5. Are you now or have you ever been required to register on the Sex Offender Registry in this or any other state or nation?
- Yes No

ACKNOWLEDGEMENT

I hereby certify that the information provided in this form is true and complete to the best of my knowledge, information and belief. Furthermore, I understand that I am NOT considered as an approved Greene County EMS Provider until such time as I have successfully completed ALL credentialing requirements and received written notification (email) from the Division of EMS. I further understand that if I function as a Greene County EMS Provider without approval from the Greene County EMS Medical Director/Division of EMS, I am in violation of the Greene County EMS Policies and I may be subject to disciplinary or legal action. I authorize investigation of all statements contained herein and understand that misrepresentation or omission of facts called for is caused for denial of the application for credentialing or revocation of the credential.

Signature of Applicant: _____

Revised: 11.2021 (Please discontinue all previous EMS Data Information Forms)