



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- \_\_\_\_\_ DOB: \_\_\_\_\_

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)