



Change in Service Administration Form

Please complete this form by listing all requested information. Then **mail** the form to Maine EMS. Please print legibly.

Service Name: _____ **Service Number:** _____ **Date:** _____

DIRECTOR: _____ *Maine EMS License #: _____
* If no EMS License, mark N/A

E- Mail address: _____ *Date of Birth: _____
* Required if no EMS License

Telephone #: Home: _____ Work: _____ Cell: _____

ASSISTANT DIRECTOR: _____ *Maine EMS License #: _____
* If no EMS License, mark N/A

E- Mail address: _____ *Date of Birth: _____
* Required if no EMS License

Telephone #: Home: _____ Work: _____ Cell: _____

ADDITIONAL REPRESENTATIVE: _____ *Maine EMS License #: _____
* If no EMS License, mark N/A

E- Mail address: _____ *Date of Birth: _____
* Required if no EMS License

Telephone #: Home: _____ Work: _____ Cell: _____

SERVICE MEDICAL DIRECTOR: _____ Medical License #: _____

E- Mail address: _____ *Date of Birth: _____
* Required

Telephone #: Home: _____ Work: _____ Cell: _____

INFECTION CONTROL OFFICER: _____ *Maine EMS License #: _____
* If no EMS License, mark N/A

E- Mail address: _____ *Date of Birth: _____
* Required if no EMS License

Telephone #: Home: _____ Work: _____ Cell: _____

PRIMARY QA/QI CONTACT: _____ *Maine EMS License #: _____
* If no EMS License, mark N/A

E- Mail address: _____ *Date of Birth: _____
* Required if no EMS License

Telephone #: Home: _____ Work: _____ Cell: _____

I certify that the personnel listed above are Authorized Representatives of the service named herein, and that I am authorized by that service to amend the authorized representative list. I understand that this document will supersede any and all Authorize Service Representative lists for the service.

Authorizing Signature

Print Name

Date