

## DEPARTMENT OF HUMAN SERVICES OREGON HEALTH DIVISION EMERGENCY MEDICAL SERVICES & SYSTEMS P.O. Box 14450

Portland, OR 97293-0450 Telephone No. (503) 731-4011 Extension 633



## GROUND AMBULANCE PERSONNEL ROSTER

AMBULANC	E SERVICE NAM	ME:					
registered nurs (PPT) or volur authorized to p An alphabetize in lieu of listin	ses, physician assistance (VOL). All a provide emergency	stants, licen EMTs, RNs medical car ce computer this roster	sed physicians and PAs are e under the wr	s, and non-EMT dri currently certified c ritten standing orders	vers who a or licensed s of a Healt	are either paid full-t with the appropriat th Division approved	These include all EMTs, time (PFT), paid part-time e licensing agency and are dimedical director. NOTE: tached to this signed roster
Training Direc	ctor for this ambul	ance service	e is:				
Ambulance pe	rsonnel in alphabe	tical order a	are:				
Last Name	First Name	M.I.	Level	Cert/License Number	Exp. Date	If a driver, list driver's license #	PFT, PPT or VOL
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AMBULANCE SERVICE NAME:								
Last Name	First Name	M.I.	Level	Cert/License Number	Exp. Date	If a driver, list driver's license #	PFT, PPT or VOL	
	-	*****	******	mplete another person ************************************	******	******	******	
or MDs that a C" or an Amo properly assis When staffing	re currently certification Red Cross tin extricating, lift an ambulance the	ed or licens "Basic Life ting and mo at provides	ed. That the I e Support for oving a patient ALS care, th	RNs, PAs, DOs and I the Professional Res ; and have the knowl	MDs have scuer" CI ledge to p r MDs ha	e: a current American PR course completion roperly operate all pr ave a current ACLS a	e EMTs, RNs, PAs, DOs Heart Association "Leve a document; the ability to ehospital care equipment and pediatric ALS course	
years licensed	•	e; not been	convicted of d	lriving under the infl			ense; a minimum of three nd successfully completed	
American Red license; a mini the ability to p	d Cross "Basic Li imum of three year	fe Support is licensed d xtricating,	for the Profes	ssional Rescuer" CPI nce; not been convict	R course ted of driv	completion document ring under the influence	ssociation "Level C" or a t; a current valid driver's ce in the past 3 years; have sion-approved Emergency	
an EMT is or	may be medically i unable to safely fo	incompeten	t or is or may	be guilty of unprofes	sional or	dishonorable conduct	which appears to show that or is or may be medically change on the ambulance	

Ground Ambulance Personnel Roster Rev. Date: 11/01/99 (Signature of owner or authorized person signing for this ambulance service)

(Date)