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

MARINE AMBULANCE PERSONNEL ROSTER

AMBULANCE SERVICE NAME: _____

The attached personnel list and below listed ambulance personnel are affiliated with this ambulance service. These include all EMTs, registered nurses, physician assistants, licensed physicians, and non-EMT operators who are either paid full-time (PFT), paid part-time (PPT) or volunteer (VOL). All EMTs, RNs and PAs are currently certified or licensed with the appropriate licensing agency and are authorized to provide emergency medical care under the written standing orders of a Health Division approved medical director. NOTE: An alphabetized ambulance service computer generated list containing the below listed information may be attached to this signed roster in lieu of listing the personnel on this roster.

Medical Director for this ambulance service is: _____

Training Director for this ambulance service is: _____

Ambulance personnel in alphabetical order are:

Last Name	First Name	M.I.	Level	Cert/License Number	Exp. Date	If a marine operator, list operator's license #	PFT, PPT or VOL

AMBULANCE SERVICE NAME: _____

Last Name	First Name	M.I.	Level	Cert/License Number	Exp. Date	If a marine operator, list operators license #	PFT, PPT or VOL

(If additional space is needed to list personnel, please complete another personnel roster.)

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STATEMENT OF TRUTH OF PERSONNEL ROSTER

I certify that to the best of my knowledge, the persons listed on the attached roster or listed on this roster are non-EMT operators and EMTs, RNs, PAs, DOs or MDs that are currently certified or licensed. That the non-EMT operators, RNs, PAs, DOs and MDs have: a current American Heart Association"Level C" or an American Red Cross "Basic Life Support for the Professional Rescuer" CPR course completion document; the ability to properly assist in extricating, lifting and moving a patient; and have the knowledge to properly operate all prehospital care equipment. When staffing an ambulance that provides ALS care, the RNs, PAs, DOs or MDs have a current ACLS and pediatric ALS course completion document and either a PHTLS, BTLS, TEAM or TNCC completion document.

I further understand that ORS 682.175(4) requires me to report to the Division any information that I have which appears to show that an EMT is or may be medically incompetent or is or may be guilty of unprofessional or dishonorable conduct or is or may be medically or physically unable to safely function as an EMT. I must also notify the Division within 30 days of any change on the ambulance personnel roster.

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(Signature of owner or authorized person signing for this ambulance service) (Date)