ALABAMA
Emergency Medical Services and Trauma
EMS and Trauma

Office of EMS and Trauma Provider Service Protocol Update Completion Roster

Provider Service Full Name: _____

County: _____

Region: _____

ID #: _____

Completion Date: _____

Provider Service Off-Line Medical Director Name: _____

Individuals not completing the 2010 Protocol Updates must be removed from the service roster and are Not allowed to work until such time as the 2010 Protocol Updated have been completed.

	Name on AL License	Level B/I/P	AL EMT License #
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This form is for Regional Validation Only!!
When the Protocol Updates have been completed, forward this roster and addition to your Regional EMS Agency.

I hereby attest that the above listed individuals have completed all protocol updates as required by the Office Of EMS & Trauma in the Alabama Department of Public Health.

Signature: _____