

# ADPH Office of EMS & Trauma

## EMS Web Management Form

Service Name: \_\_\_\_\_ License Number: \_\_\_\_\_ Date: \_\_\_\_\_

- \* All Licensed services must assign an Training Officer and backup that will maintain a roster of vehicles, and personnel. (Must have access to personnel records)
- \* Training Officer/backup must keep Vehicle Lists, Personnel Roster, Education Dates, and Photographs up to date.
- \* A Single Training Officer can manage multiple Licensed Providers with a single Username (Email address). (Each service must fill out EMS Web Management Form)
- \* No individual with access to this system shall share access with any other person.
- \* An users access expires with the expiration of the Licensed Service's license, unless that service reenters this form, at next license.
- \* Information entered on the EMS Management site will directly effect individual licenses, therefore should be handled timely and accurately.
- \* Information gathered from this system is the intellectual property of Alabama Department of Public Health and should be handled appropriately
- \* Password will be sent directly to your email address, you should unblock the addresses that end with "adph.state.al.us"

### Primary Training Officer

Other Licensed Services-Counties you work for			
Last Name	First Name	Middle Name	
SSN	Direct Contact Number	Cell Phone Number	Email Address not shared with any other person will also be your username
I understand my duties are to update Rosters, Education information, and pictures, accurately and timely. I will also not share access to this site with any other individual.			<b>Site Access Rights</b> Training Officer has all rights
Signature	Date		

### Backup Training Officer

Other Licensed Services-Counties you work for			
Last Name	First Name	Middle Name	
SSN	Direct Contact Number	Cell Phone Number	Email Address not shared with any other person will also be your username
I understand my duties are to update Rosters, Education information, and pictures, accurately and timely. I will also not share access to this site with any other individual.			<b>Site Access Rights</b> Training Officer has all rights
Signature	Date		

### Owner / Chief of Service

Other Licensed Services-Counties you work for			
Last Name	First Name	Middle Name	
SSN	Direct Contact Number	Cell Phone Number	Email Address not shared with any other person: will also be your username
I will not share access to this site with any other individual.			<b>View Only Rights</b> Personnel <input type="checkbox"/> Vehicles <input type="checkbox"/> Reports <input type="checkbox"/>
Signature	Date		

### Supervisor or Other

Other Licensed Services-Counties you work for			
Last Name	First Name	Middle Name	
SSN	Direct Contact Number	Cell Phone Number	Email Address not shared with any other person: will also be your username
I will not share access to this site with any other individual.			<b>View Only Rights</b> Personnel <input type="checkbox"/> Vehicles <input type="checkbox"/> Reports <input type="checkbox"/>
Signature	Date		