Alabama Department of Public Health
Emergency Medical Services Division
Personnel Change Form

Each Ambulance and/or ALS Provider is responsible to immediately report to the Alabama Department of Public Health, Emergency Medical Services Division, of any changes in personnel affecting the Service’s Personnel Roster. State EMS Rules 420-2-1-.03 Page 11, (21), Ground Ambulances, and 420-2-1-.04 Page 15, (20), Advanced Life Support Authorization Certificate, state that each ambulance service operator and/or ALS provider shall notify the Emergency Medical Services Division, in writing, within 10 calendar days of the addition or deletion of any ALS or BLS personnel, using a personnel roster addendum or drop and add form. Failure to do so is a violation of the EMS Rules and can jeopardize the Service’s Ambulance license and/or ALS Certification.

NAME OF SERVICE:___________________________________________________________

MAILING ADDRESS:___________________________________________________________

CONTACT PERSON: ______________________________ TITLE: ______________________

PROVIDER ID#:____________ TELEPHONE NUMBER: (______) _____________________
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(Please Check One) Add:______ Remove:______ Date ActionTaken:_____________________

Last Name: _______________________________ First Name: _________________ MI: _____

Employment County: __________________ Employment Status: Full/PT/Vol _____________

Level of Licensure: ___________ State License # ___________ SS# _____________________

Expiration Date: _______________ Credentialed: Yes___ No___ If Yes, Date:______________
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(For Emergency Medical Services Division use only)

ADPH/EMS Signature: ___________________________ Date Verified: ______________________