

**S-SV EMS AGENCY
PARAMEDIC EMPLOYEE
STATUS REPORT**

Paramedic _____

State License # _____ Expiration Date _____

The following employee status change has occurred at:

ALS Service Provider _____

Has been hired as a Paramedic and will be working in the S-SV EMS Region.

Effective employment date: _____

Has been hired as a Paramedic and will be working in the S-SV EMS Region, pending completion of the S-SV Accreditation process.

Is no longer employed as a Paramedic.

Has failed to maintain:

California State Paramedic License

PALS or PEPP

Other _____

This form completed by:

Signature

Date

Print Name

Note: At the time of hire of a Paramedic who possesses an S-SV Accreditation card, it is the responsibility of the S-SV ALS Service Provider to immediately verify S-SV Accreditation status with the S-SV EMS Agency.