

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

Paramedic \_\_\_\_\_

State License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

The following employee status change has occurred at:

ALS Service Provider Agency \_\_\_\_\_

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.