



Paramedic Employee Status Report

913-A

ALS provider agencies are responsible for verifying S-SV EMS accreditation status of their paramedic personnel prior to allowing them to work in the S-SV EMS region, and on an ongoing basis.

ALS provider agency:	
Name of person completing this form:	
Status change effective date:	
Paramedic name:	Paramedic license#:
Applicable Status Change	
<input type="checkbox"/> Has been hired as a paramedic by our organization	
<input type="checkbox"/> Is no longer functioning as a paramedic with our organization	
<input type="checkbox"/> Is no longer employed as a paramedic by our organization	
<input type="checkbox"/> Other (please explain in the comments section below)	
Comments:	

Submit Completed Forms to the S-SV EMS Agency
Mail: 5995 Pacific Street, Rocklin, CA 95677
Fax: (916) 625-1720
Email – certification@ssevms.com