

Longhorn EMS  
Medic Information Sheet

**Personal Information:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Email Address \_\_\_\_\_

Mobile Phone Number (\_\_\_\_\_) \_\_\_\_\_ Text Capable Y / N

Major \_\_\_\_\_ Graduation (Semester and Year) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Need Shirt Purchase Authorization Letter Y / N

**License information:**

License Type (Circle): None / ECA / EMT-B / EMT-I / EMT-P / LP / Other \_\_\_\_\_

National Registry Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

State License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

CPR (Circle): American Heart Association / American Red Cross / National Safety Council

CPR Expiration Date \_\_\_\_\_

Other EMS Related Certifications (List):

\_\_\_\_\_

**Extra Information:**

Any areas of agency interested in (operations, internal training, community education, PR, etc.)

\_\_\_\_\_

Favorite Restaurant (For Medic Mess) \_\_\_\_\_

COMMAND USE ONLY (LEAVE BLANK)

Information Sheet Received/Filed – Date: \_\_\_\_\_ Initials \_\_\_\_\_

Signed credentialing requirements Received/Filed – Date: \_\_\_\_\_ Initials \_\_\_\_\_

Uniform authorization issued – Date: \_\_\_\_\_ Initials \_\_\_\_\_

Copies of certifications Received/Filed – Date: \_\_\_\_\_ Initials \_\_\_\_\_

NIMS certifications Received/Filed – Date: \_\_\_\_\_ Initials \_\_\_\_\_

Initial boot camp complete – Date: \_\_\_\_\_ Initials \_\_\_\_\_

Credentials Issued – Date: \_\_\_\_\_ Initials \_\_\_\_\_