New York State Department of Health Bureau of Emergency Medical Services

EMS Agency Personnel Roster

| Agency Name | | | Agency Code | | Date Submitte | d | Page _ | of | |
|-----------------------------------|---------------|---|-------------|-------------------------------|---------------|----------|--------------------|---------|-------------|
| | | | | | | | | | |
| List all personnel alphabetically | Date of Birth | ate of Birth Certified First Responders | | Emergency Medical Technicians | | | Check Other Levels | | |
| Last name, First name | mm/dd/yy | ID Number | Expires | ID Number | Expires | B I CC F | CPR | AED/PAI | D First-Aid |
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