



EMS PERSONNEL INFORMATION UPDATE FORM

Complete and Return to: Mail: LAC EMS Agency/Cert Sect 10100 Pioneer Blvd Ste 200 Santa Fe Springs CA 90670	Email: PMandMICNinfo@dhs.lacounty.gov
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PRINT NAME: _____
LAST
FIRST
M.I.

LEVEL: PARAMEDIC MICN

LAST FOUR SSN: _____ CA STATE NO: _____ LAC ACCRED OR MICN CERT NO: _____

PERSONAL INFORMATION CHANGE – CHECK AND COMPLETE ALL THAT APPLY

NAME FROM: _____
(ATTACH UPDATED STATE LICENSE) LAST FIRST M.I.

TO: _____
LAST FIRST M.I.

ADDRESS: _____
NUMBER, STREET, APT OR UNIT CITY STATE ZIP

PHONE: _____ EMAIL: _____

EMPLOYER: _____

ADDRESS: _____

WORK PHONE: _____ EXT _____

PM or MICN SIGNATURE _____ DATE: _____

Change of name, contact information, or employer must be submitted in writing to the EMS Agency within 30 days of change.

MICN/Paramedic - Sponsorship Notification by Approved Los Angeles County ALS Providers <i>Please submit the changes to the EMS Agency within 30 days.</i>			
<input type="checkbox"/> Initiation of Sponsorship	<input type="checkbox"/> No Longer Sponsored	<input type="checkbox"/> Retired	<input type="checkbox"/> Deceased
<input type="checkbox"/> Primary <input type="checkbox"/> Secondary			
Effective Date of Change: (Month/Date/Year) _____			
Coordinator's Name: _____		Coordinator's Signature: _____	
Sponsoring Agency/Base Hospital: _____			
Date: _____			

***** EMS AGENCY USE ONLY *****

Date Received: _____	Input Date: _____	Initials: _____
Notes: _____		