



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

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

Please submit the changes to the EMS Agency within 30 days.

☐ Initiation of Sponsorship

☐ No Longer Sponsored

☐ Retired

☐ Deceased

☐ Primary ☐ 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: