



EMS PERSONNEL INFORMATION/SPONSORSHIP UPDATE FORM

Complete and Return to: Los Angeles County EMS Agency
Office of Certification
10100 Pioneer Blvd, Suite 200
Santa Fe Springs, CA 90670
Fax: 562-941-5835

Print Name: _____
Last First M.I.

Level: EMT Paramedic MICN

Last 4 SSN CA# LACo#

Personal Information Change – Check and complete all that apply

Name (attach legal documentation) From: _____
Last First M.I.
To: _____
Last First M.I.

Address: _____
Number and Street City State Zip

Phone: _____ E-Mail: _____

Employer: _____ New Employer
 No Longer Employed

Address: _____
Number and Street City State Zip

Phone: _____

Signature: _____

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

Initiation of Sponsorship No Longer Sponsored Retired Deceased
 Primary Secondary

Effective Date of Change: --

Coordinator Name _____

Sponsoring Agency/Base Hospital _____

Date --

Coordinator Signature _____

***EMS Agency Use Only
Date Received: _____ Input Date: _____ Initials: _____