

SUBJECT: **MASS GATHERINGS AND SPECIAL EVENTS  
EVENT STAFFING ROSTER**

(EMT, PARAMEDIC, HOSPITAL)  
REFERENCE NO. 842.3

Name of Event/Incident: _____		Event/Incident Date: _____			
Name	Title (MD, RN, LVN, EMT-P, EMT, FR)	License / Certification #	Expiration Date	LA County EMT Expanded Scope	Date

**All personnel must be listed and include volunteers and/or unlicensed students and submitted for approval 10 days prior to the event.**

**Completed by: \_\_\_\_\_**

**Contact Number: \_\_\_\_\_**