DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **MASS GATHERINGS AND SPECIAL EVENTS 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:** _____