# EMS Demographic Information

<table>
<thead>
<tr>
<th>Circle which one:</th>
<th>New</th>
<th>Update/Recredential</th>
<th>Reentry</th>
<th>Suspension Release</th>
</tr>
</thead>
</table>

## PERSONAL DATA

<table>
<thead>
<tr>
<th>Name (Last)</th>
<th>(First)</th>
<th>(Middle Initial/Maiden Name)</th>
<th>Date of Birth</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Address (Street)</th>
<th>(City)</th>
<th>(State)</th>
<th>(Zip Code)</th>
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<table>
<thead>
<tr>
<th>Telephone Number (Home)</th>
<th>(Cell)</th>
<th>Email</th>
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## CURRENT EMS/NON-E EMPLOYMENT/OCCUPATION

<table>
<thead>
<tr>
<th>Employer (Pitt County Agency)</th>
<th>Job Title</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Immediate Supervisor (Name)</th>
<th>Job Title</th>
<th>Telephone Number</th>
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## EMS TRAINING

<table>
<thead>
<tr>
<th>EMS Credentialed Level:</th>
<th>EMR</th>
<th>EMT</th>
<th>AEMT</th>
<th>PARAMEDIC</th>
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<table>
<thead>
<tr>
<th>EMS Training Institution (Current NCOEMS Certification)</th>
<th>Instructor</th>
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</table>

<table>
<thead>
<tr>
<th>Date Training Completed</th>
<th>Certification Number</th>
<th>Expiration Date</th>
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## ADDITIONAL REQUIRED INFORMATION

- [ ] Completed EMS Data Form
- [ ] Copy of NCOEMS credential card
- [ ] Copy of valid Driver’s License Card
- [ ] Documentation of satisfactory completion of Medical Directors Update and/or any other Division of EMS required entry courses.
- [ ] Submit a letter(s) of recommendation from the Medical Director(s) of where they had functioned and currently function for the past 12 months (all Advanced EMT and Paramedic candidates)

Revised: 8.2018 (Please discontinue all previous EMS Data Information Forms)
1. Have you, under this or any other name, **EVER** been arrested, charged, convicted of, pled guilty or no contest to, or received a deferred sentence for a misdemeanor or felony in this or any other state or nation, or while serving in the Armed Forces? If yes, list offenses, including year and verdict, below. Please list all aliases including maiden name used.
   - ☐ Yes
   - ☐ No

   **NOTE:** Please be reminded that any citations, arrests, charges, or convictions dealing with misdemeanors or felonies that have been dismissed or are still in a pending status, should be listed on this form.

<table>
<thead>
<tr>
<th>DATE</th>
<th>OFFENSE</th>
<th>OUTCOME/VERDICT/SENTENCE</th>
<th>UNDER WHAT NAME</th>
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2. Have you **EVER** been required by the North Carolina Office of Emergency Medical Services to undergo a criminal background history check requiring fingerprinting and a #38 processing fee?
   - ☐ Yes
   - ☐ No

3. Have you **EVER** been or are you currently the subject of an investigation and/or had any disciplinary action taken against you in connection with the performance of health care-related activities in this or any other state or nation?
   - ☐ Yes
   - ☐ No

   If yes, document where you are or have been certified, licensed, registered or credentialed as a health care provider.
   - Credentialing/Licensing Body: _____________________________
   - Action Taken: ___________________________________

4. Do you now or have you resided out of the state of North Carolina any time during the past 5 years? ☐ Yes ☐ No

5. Are you now or have you ever been required to register on the Sex Offender Registry in this or any other state or nation?
   - ☐ Yes
   - ☐ No

**ACKNOWLEDGEMENT**

I hereby certify that the information provided in this form is true and complete to the best of my knowledge, information and belief. Furthermore, I understand that I am NOT considered as an approved Pitt County EMS Provider until such time as I have successfully completed ALL credentialing requirements and received written notification (email) from the Division of EMS. I further understand that if I function as a Pitt County EMS Provider without approval from the Pitt County EMS Medical Director/Division of EMS, I am in violation of the Pitt County EMS Policies and I may be subject to disciplinary or legal action. I authorize investigation of all statements contained herein and understand that misrepresentation or omission of facts called for is caused for denial of the application for credentialing or revocation of the credential.

Signature of Applicant: ____________________________________________

**Revised: 8.2018 (Please discontinue all previous EMS Data Information Forms)**