

I hereby affirm and declare that the above information is true and correct and that fraudulent entries may be sufficient cause for rejection or revocation. I understand that fraudulent entries may be considered a crime and may be prosecuted under state law. I further agree to notify the Department of Health and Human Services Emergency Medical Systems Unit immediately if any changes in my status should occur and give permission to the Emergency Medical Systems Unit to perform a criminal background check.

Signature	Date
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Signature of squad leader / manager required ONLY when adding new personnel to EMS agency roster.

Signature of listed agency's squad leader / manager on record	Date
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This form may be completed and mailed to:

Department of Health and Human Services
Emergency Medical Systems Unit
1720 Burlington Dr – Suite A
Bismarck ND 58504-7736

You may also submit the completed form via e-mail to dems@nd.gov or via fax at 701-328-0357.

Our website is: www.hhs.nd.gov

For questions, call our office at 701-328-2388 or e-mail us at dems@nd.gov.