



Complete this form electronically or by hand. Provider license must be current to receive award.

EMS Agency

Provider Nominated	Certification Level

Location of Delivery (ambulance, residence, etc.)	
Delivery Date	Delivery Time
Parent(s) Name(s)	Parent(s) Name(s)
Baby boy	Baby girl

Send Award To:

Name of Service		
Address		
City	State	ZIP Code
Contact Telephone		
Signature	Date	

For DEMS Use Only:

Approved	Not Approved
Signature	
Date	



This form may be completed and mailed to:
North Dakota Department of Health
Division of Emergency Medical Systems
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.health.nd.gov

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