



**Rhode Island Department of Health**  
3 Capitol Hill, Room 105A, Providence, RI 02908-5097  
(401) 222-2401

***Change of EMS Department/Service Affiliation Form***

**Instructions for Emergency Medical Technician:**

Use this form to designate a new primary service affiliation. Give this form to your new service chief to complete. Once completed submit with the EMT renewal form. If the new service is **NOT** Fee Exempt please also attach a cashier's check or money order for the renewal fee of \$90.00 payable to the **RI General Treasurer**. Mail all information to the Rhode Island Department of Health, Room 105A, 3 Capitol Hill, Providence, RI 02908. Your license will not be renewed until this form is received and processed by the Department.

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THIS SECTION BELOW IS TO BE COMPLETED BY THE DEPARTMENT/SERVICE CHIEF

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**Instructions for Service Chief:** Please certify that the Emergency Medical Technician (EMT) is employed at your Department/Service by signing, dating and returning the original form to the EMT.

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Name and  
Address of  
RI EMS  
Department/  
Service  
Affiliation:

\_\_\_\_\_  
Name of Service

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZipCode

I hereby certify that \_\_\_\_\_

\_\_\_\_\_  
EMT Name

\_\_\_\_\_  
License Number

is a *bona fide* member of my EMS Service/Department and that said affiliation is true and accurate.

I further certify that this service and it's employees  are  are not exempt from fees.

\_\_\_\_\_  
Signature of Chief

\_\_\_\_\_  
Printed Name of Chief

\_\_\_\_\_  
Date of Signature

I have read carefully the foregoing questions and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this form, I hereby agree that such act shall constitute cause for denial, suspension or revocation of this License in the State of Rhode Island.