



Rhode Island Department of Health
3 Capitol Hill, Room 103, Providence, RI 02908-5097
(401) 222-2401

EMS Department/Service Affiliation Roster

THIS FORM IS TO BE COMPLETED BY THE DEPARTMENT/SERVICE CHIEF

Instructions for Service Chief :

Please provide a list of any EMT's affiliated with your service who do not appear on your current roster. Please include the name and Rhode Island EMT license number of each individual. License numbers and current status of EMTs may be verified online at <https://healthri.mylicense.com/Verification>.

Name of Service: _____

EMT Name (Last, First, MI)

License Number

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As Service Chief for _____, I hereby attest that all individuals listed on this roster, are currently bona-fide members of my organization.

Signature of Chief

Printed Name of Chief

Date