



Tide EMS

Application for Affiliation



Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone # (Home) _____ (Cell) _____
(Linc) _____ (Other) _____

Email: _____

EMS Level: _____

EMT License # _____ Exp. Date: _____

Driver's License # _____ Exp. Date: _____

SSN: _____

Date of Birth: _____

Credentialed Level: _____

Education/Scenario Completion Date: _____

Place of Employment: _____

Phone # _____

School or Place of Completion for EMT Certification: _____

Date of completion: _____

Primary Instructor: _____