

**EMS MEDICAL DIRECTION PROVIDER CHANGE**

**AGENCY NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Please make the following change in the status of our employee:

**NAME OF EMPLOYEE:** \_\_\_\_\_  
Last First Middle

**AZ CERTIFICATION NO:** \_\_\_\_\_ **CERT. LEVEL:** \_\_\_\_\_ **EXP. DATE:** \_\_\_\_\_

**Please check one of the following:**

**NEW EMPLOYEE:** \_\_\_\_\_

**TERMINATION:** \_\_\_\_\_ Was termination related to patient care/EMS practice Y/N? \_\_\_\_\_

**LAYOFF/RESIGNATION:** \_\_\_\_\_

**CHANGE IN CERTIFICATION:** \_\_\_\_\_

**RECERTIFICATION:** \_\_\_\_\_

**CERTIFICATION EXPIRED:** \_\_\_\_\_

Send to:  
Verde Valley Medical Center- Pre-Hospital Care Department  
269 S Candy Lane  
Cottonwood, AZ 86326  
Fax 928 639 5064

VVMC Medical Direction Service Agreements require that agencies notify the Prehospital Care Dept. within 10 days of any addition, termination, transfer, or change in certification of their employees that receive medical direction from Verde Valley Medical Center. **Proof of recertification must be received at the department prior to or on the expiration date of the current certification.**