MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF EMERGENCY MEDICAL SERVICES

CHANGE OF MANAGER OR PROGRAM DIRECTOR

FOR DOH OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

Reviewed by _____ **Date** _____	☐ AIR AMBULANCE SERVICE ☐ GROUND AMB. SERVICE ☐ EMRA ☐ TRAINING ENTITY	LICENSE OR ACCREDITATION NUMBER ☐☐☐☐☐☐	DATE FORM RECEIVED ☐☐ ☐☐ ☐☐

LICENSEE MUST COMPLETE INFORMATION BELOW *TYPE OR PRINT*

1. MANAGER

NAME *(LAST, FIRST, MI)*				
MAILING ADDRESS *(STREET, ROUTE, ETC.)*				OFFICE TELEPHONE NUMBER ( )
CITY	STATE	ZIP CODE	E-MAIL	FAX NUMBER ( )

I HEREBY CERTIFY that this form contains no misrepresentation or falsifications and that the information given by me is true and complete to the best of my knowledge. I further certify that the above named service or entity has both the intention and the ability to comply with the regulations promulgated under the Comprehensive EMS Act, Chapter 190, RSMo 1998.

I have attached all licensure or accreditation and related administrative licensure actions taken against this service or entity or owner by any state agency in any state.

SIGNATURE OF AUTHORIZED REPRESENTATIVE OF SERVICE OR ENTITY	DATE

2. CHECK APPROPRIATE BOX

☐ AIR AMBULANCE SERVICE ☐ GROUND AMBULANCE SERVICE	☐ EMERGENCY MEDICAL RESPONSE AGENCY ☐ TRAINING ENTITY	LICENSE OR ACCREDITATION NUMBER ☐☐☐☐☐☐

NAME OF POLITICAL SUBDIVISION OR CORPORATION	NAME OF CEO	TELEPHONE NUMBER-BUSINESS ( )
BUSINESS ADDRESS *(STREET, ROUTE, ETC.)*		TELEPHONE NUMBER-EMERGENCY ( )

CITY	STATE	ZIP CODE	E-MAIL	FAX NUMBER ( )

3. MEDICAL DIRECTOR

NAME *(LAST, FIRST, MI)*	☐ M.D.	☐ D.O.

I HEREBY CERTIFY that I am aware of the qualification requirements and the responsibilities of a medical director of an ambulance service or training entity or emergency medical response agency and I agree to serve as medical director for the above named service or entity.

SIGNATURE OF MEDICAL DIRECTOR	DATE

WARNING: In addition to licensure action, anyone who knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty may be guilty of a class B misdemeanor. Missouri statutes 575.060.

Mail Application to: Bureau of Emergency Medical Services, P.O. Box 570, Jefferson City, MO 65102