



## Agency Information Update

Date: \_\_\_\_\_

Agency/Department Name: \_\_\_\_\_ Agency Number: \_\_\_\_\_

Level of Care: \_\_\_\_\_ Election Month: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Website address: \_\_\_\_\_

EMS Captain: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Fire Dept. Chief: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

STEMS Agency Contact: ***\*All communications from STEMS will be directed to this person.\****

EMS Captain     Fire Chief     Other (please provide contact information below)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Medical Director: \_\_\_\_\_

Comments/Questions/Concerns: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



Southern Tier Emergency Medical System

A program of  Southern Tier Health Care System Inc.

## EMS Roster

	Last Name	First Name	EMT Level			
1.			<input type="checkbox"/> B	<input type="checkbox"/> I	<input type="checkbox"/> CC	<input type="checkbox"/> P
2.			<input type="checkbox"/> B	<input type="checkbox"/> I	<input type="checkbox"/> CC	<input type="checkbox"/> P
3.			<input type="checkbox"/> B	<input type="checkbox"/> I	<input type="checkbox"/> CC	<input type="checkbox"/> P
4.			<input type="checkbox"/> B	<input type="checkbox"/> I	<input type="checkbox"/> CC	<input type="checkbox"/> P
5.			<input type="checkbox"/> B	<input type="checkbox"/> I	<input type="checkbox"/> CC	<input type="checkbox"/> P
6.			<input type="checkbox"/> B	<input type="checkbox"/> I	<input type="checkbox"/> CC	<input type="checkbox"/> P
7.			<input type="checkbox"/> B	<input type="checkbox"/> I	<input type="checkbox"/> CC	<input type="checkbox"/> P
8.			<input type="checkbox"/> B	<input type="checkbox"/> I	<input type="checkbox"/> CC	<input type="checkbox"/> P
9.			<input type="checkbox"/> B	<input type="checkbox"/> I	<input type="checkbox"/> CC	<input type="checkbox"/> P
10.			<input type="checkbox"/> B	<input type="checkbox"/> I	<input type="checkbox"/> CC	<input type="checkbox"/> P
11.			<input type="checkbox"/> B	<input type="checkbox"/> I	<input type="checkbox"/> CC	<input type="checkbox"/> P
12.			<input type="checkbox"/> B	<input type="checkbox"/> I	<input type="checkbox"/> CC	<input type="checkbox"/> P
13.			<input type="checkbox"/> B	<input type="checkbox"/> I	<input type="checkbox"/> CC	<input type="checkbox"/> P
14.			<input type="checkbox"/> B	<input type="checkbox"/> I	<input type="checkbox"/> CC	<input type="checkbox"/> P
15.			<input type="checkbox"/> B	<input type="checkbox"/> I	<input type="checkbox"/> CC	<input type="checkbox"/> P
16.			<input type="checkbox"/> B	<input type="checkbox"/> I	<input type="checkbox"/> CC	<input type="checkbox"/> P
17.			<input type="checkbox"/> B	<input type="checkbox"/> I	<input type="checkbox"/> CC	<input type="checkbox"/> P
18.			<input type="checkbox"/> B	<input type="checkbox"/> I	<input type="checkbox"/> CC	<input type="checkbox"/> P
19.			<input type="checkbox"/> B	<input type="checkbox"/> I	<input type="checkbox"/> CC	<input type="checkbox"/> P
20.			<input type="checkbox"/> B	<input type="checkbox"/> I	<input type="checkbox"/> CC	<input type="checkbox"/> P
21.			<input type="checkbox"/> B	<input type="checkbox"/> I	<input type="checkbox"/> CC	<input type="checkbox"/> P
22.			<input type="checkbox"/> B	<input type="checkbox"/> I	<input type="checkbox"/> CC	<input type="checkbox"/> P
23.			<input type="checkbox"/> B	<input type="checkbox"/> I	<input type="checkbox"/> CC	<input type="checkbox"/> P
24.			<input type="checkbox"/> B	<input type="checkbox"/> I	<input type="checkbox"/> CC	<input type="checkbox"/> P
25.			<input type="checkbox"/> B	<input type="checkbox"/> I	<input type="checkbox"/> CC	<input type="checkbox"/> P