



KALAMAZOO COUNTY MEDICAL CONTROL AUTHORITY

EMS PROVIDER FORM REGISTRATION

*To Be Completed By Employer*

Name \_\_\_\_\_

Agency \_\_\_\_\_

Hire Date \_\_\_\_\_

State License \_\_\_\_\_

**KCMCA Credentialing Level**

EMT I

EMT II

Paramedic Trainee

Paramedic I

Paramedic II

Paramedic FTO

**I hear by certify that \_\_\_\_\_ has meet the requirements of credentialing protocol KCMCA 8-17**

**I am recommending that \_\_\_\_\_ be promoted to Paramedic Level I/ Level II / Paramedic Field Instructor. Enclosed is the supporting data for the recommendation.**

**Signed:** \_\_\_\_\_

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

**PLEASE ATTACH ANY SUPPORTING DOCUMENTATION INCLUDING  
COPIES OF LICENSES, CERTIFICATIONS AND SUPPORTING CLINICAL  
DOCUMENTATION**

---

**For KCMCA Office use only.**

Has applicant ever been suspended or discharged from employment?  Yes  No

If yes, please explain: \_\_\_\_\_

Has applicant applied for this position in Kalamazoo County before?  Yes  No

Has applicant ever had formal Medical Control Authority disciplinary action?  Yes  No

If yes, please explain: \_\_\_\_\_