SAMPLE PERSONNEL ROSTER

NAME:_____ **AFFILIATE #**_____

(Applicant)

_____ _____

(Administrative Location) **City** **State** **Zip**

The following individuals are current members of the above named applicant.

Full Name (Last, First, MI)	**Certification Level**	**Certification #**	**Expiration Date**	*** EVOC Program**	*** EVOC Completion Date**

Date Completed_____

If the applicant will operate at several locations, it must provide a separate roster for each location. Use additional sheets if necessary.

*** Applicable to ground ambulance services only.** **March 19, 2001**