SERVICE PROVIDER EMERGENCY MEDICAL TECHNICIAN (EMT) OPTIONAL SCOPE ANNUAL UTILIZATION REPORT FORM

EMT Optional Scope Service Provider Agency: _____

Calendar Year: _____

Contact Person: _____ Phone #: _____

Utilization Information

Date	Incident #	Skill Used	Successful (Y/N)	Complications/Notes

*Forms and **all** required items may be mailed, emailed, or placed in the drop box at the address above.*
*The drop box is located across from the stairs and is labeled YEMSA drop box and is the **preferred method!***
If you would like to meet with someone to drop off your paperwork, please make an appointment by calling (530) 666-8665.