



EMERGENCY MEDICAL RESPONDER (EMR) STATUS REPORT FORM

Please write clearly.

EMR Name: _____

Certification #: _____

The following EMR status change has occurred at: _____
(Provider Agency)

The individual listed above: *(please check all that apply)*

- Is no longer affiliated/employed as an EMR with this agency.
- Has failed to maintain:
 - EMR Certification
 - Cardiopulmonary Resuscitation (CPR) Certification

I certify that all information on this Status Report, to the best of my knowledge, is true and correct.

Signature _____

Date _____

Printed Name & Title _____

*This report 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.*

YEMSA USE ONLY			
Received:	Reviewed by:	Approved by:	Updated: