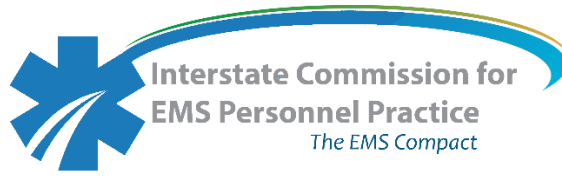


EMS Compact Information Exchange Form



Home State _____

Remote State _____

Page _____

Personnel Name(s)	License Level	Unrestricted License? Y/N	License Expiration Date	Licensee has Home state Medical Direction? Y/N
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	

Home state person verifying this info. Date Phone and Email contact

We are a Home state of persons listed on this form providing a verification of information for a remote state where these persons plan to use a privilege to practice as authorized by the EMS Compact.

We are a Remote state seeking verification of information on the persons listed on this form who are seeking a privilege to practice as authorized by the EMS Compact from the Home state where they hold an EMS license.