



**QUEEN ANNE'S COUNTY FIRE & EMS COMMISSION**  
 100 Communications Drive – Centreville, Maryland 21617

**EMS PROVIDER AND AMBULANCE OPERATOR  
 CREDENTIALING FORM**

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

**To:** Queen Anne's County DES EMS Assistant Chief

**From:** \_\_\_\_\_  
 (Authorized Station Representative) (Authorized Signature)

**Organization:** \_\_\_\_\_

**Member Name:** \_\_\_\_\_

- Operator Only   
  Provider Only   
  Student  
 Re-Credential   
  Provider/Operator

DOCUMENT	DATE	AUTHORIZING INITIALS
MIEMSS Affiliation Form (EMT/EMR Only)		
MIEMSS Certification Card #		
Driver's License #		
HAZMAT Operations (Meets OSHA 29cfr 1910.120)		
NIMS 100, 200, 700		
N95 Mask Fit Test		
CPR/AED (AHA)		
EVOR/EVOC/Equivalent		
Background Investigation Complete by QAC Sherrif		
Complete Drug Testing		
Bloodborne Pathogens		
Ambulance Operator Checklist		

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