

**ADVOCATE CHRIST MEDICAL CENTER
EMERGENCY MEDICAL SERVICES SYSTEM**

CHANGE IN STATUS REQUEST FORM

Please print the following information.

I _____ am requesting the following status change in the APMC EMS System:

I will:

- Change from primary status to secondary status.
My primary status will be with _____ EMS System.
- Change from secondary status to primary status.
CE and letter of Good Standing from primary system required.
- I am leaving the APMC EMS System completely.
- Change in employment

From: _____
Ambulance Provider

To: _____
Ambulance Provider

Signature

Date

For office use only 5/1/16 df

- EMS database updated.
- File updated.
- Confirmed printed.