



Rhode Island Department of Health
3 Capitol Hill, Room 105A, Providence, RI 02908-5097
(401) 222-2401

Change of EMS Department/Service Affiliation Form

Instructions for Emergency Medical Technician:

Use this form to designate a new primary service affiliation. Give this form to your new service chief to complete. Once completed submit with the EMT renewal form. If the new service is **NOT** Fee Exempt please also attach a cashier's check or money order for the renewal fee of \$90.00 payable to the **RI General Treasurer**. Mail all information to the Rhode Island Department of Health, Room 105A, 3 Capitol Hill, Providence, RI 02908. Your license will not be renewed until this form is received and processed by the Department.

THIS SECTION BELOW IS TO BE COMPLETED BY THE DEPARTMENT/SERVICE CHIEF

Instructions for Service Chief: Please certify that the Emergency Medical Technician (EMT) is employed at your Department/Service by signing, dating and returning the original form to the EMT.

**Name and
Address of
RI EMS
Department/
Service
Affiliation:**

Name of Service

Street Address

City

State

ZipCode

I hereby certify that _____

EMT Name

License Number

is a *bona fide* member of my EMS Service/Department and that said affiliation is true and accurate.

I further certify that this service and it's employees are are not exempt from fees.

Signature of Chief

Printed Name of Chief

Date of Signature

I have read carefully the foregoing questions and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this form, I hereby agree that such act shall constitute cause for denial, suspension or revocation of this License in the State of Rhode Island.