



OHIO DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF EMERGENCY MEDICAL SERVICES

**EMS / FIRE AGENCY INFORMATION**

**INFORMATION**

|   |        |                       |                        |                            |                            |           |
|---|--------|-----------------------|------------------------|----------------------------|----------------------------|-----------|
| AGENCY NAME   | COUNTY | AGENCY ID             | FDID                   | MED TRANS SERV CODE        | ALS UNITS                  | BLS UNITS |
| STREET ADDRESS  |        |                       | CITY                   |                            |                            | ZIP CODE  |
| MAILING ADDRESS   |        |                       | CITY                   |                            |                            | ZIP CODE  |
| BUSINESS PHONE  | FAX    | AGENCY E-MAIL ADDRESS |                        | AGENCY FEDERAL TAX ID      |                            |           |
| CHIEF* / CEO NAME                                       | TITLE  | CHIEF / CEO PHONE     |                        | CHIEF / CEO E-MAIL ADDRESS |                            |           |
| MEDICAL DIRECTOR NAME                                   |        |                       | MEDICAL DIRECTOR PHONE |                            | MEDICAL DIRECTOR LICENSE # |           |
| LEAD EMS OFFICER NAME & TITLE (if different from Chief) |        |                       | EMS OFFICER PHONE      |                            | EMS OFFICER E-MAIL ADDRESS |           |

\*If the chief is changed this form must be completed by a civil authority (see page 2).

†IF YOUR AGENCY HAS SATELLITES / SUBSTATIONS, PLEASE LIST THEM ON PAGE 2†

**HIGHEST LEVEL PROTOCOL USED**

|                                    |                               |                              |                              |                                 |   |
|------------------------------------|-------------------------------|------------------------------|------------------------------|---------------------------------|---|
| <input type="checkbox"/> Paramedic | <input type="checkbox"/> AEMT | <input type="checkbox"/> EMT | <input type="checkbox"/> EMR | <input type="checkbox"/> Higher | <input type="checkbox"/> Fire <b>-ONLY</b> agency and performs <b>no EMS</b> or medical transport functions |
| PHARMACY ID #: EMS.                |                               |                              |                              |                                 |   |

**PAY STATUS**

|                                   |  |   |
|-----------------------------------|--|---|
| <input type="checkbox"/> All Paid | <input type="checkbox"/> All Volunteer | <input type="checkbox"/> Mixed - if checked, enter volunteer percentage here: |
|-----------------------------------|--|---|

**AGENCY TYPE**

|  |  |   |                                   |  |
|--|--|---|-----------------------------------|--|
| <input type="checkbox"/> Community, Non-Profit | <input type="checkbox"/> Fire Department | <input type="checkbox"/> Governmental, Non-Fire | <input type="checkbox"/> Hospital | <input type="checkbox"/> Private, Non-Hospital |
|--|--|---|-----------------------------------|--|

**TRANSPORTATION STATUS**

|  |  |
|--|--|
| <input type="checkbox"/> Transporting EMS Agency | <input type="checkbox"/> Non-Transporting EMS Agency |
|--|--|

**CONTACTS**

|                               |              |       |                |
|-------------------------------|--------------|-------|----------------|
| DATA CONTACT NAME             | TITLE / ROLE | PHONE | E-MAIL ADDRESS |
| CE SITE COORDINATOR NAME      | TITLE / ROLE | PHONE | E-MAIL ADDRESS |
| CE SITE MEDICAL DIRECTOR NAME | TITLE / ROLE | PHONE | E-MAIL ADDRESS |
| GRANT CONTACT NAME            | TITLE / ROLE | PHONE | E-MAIL ADDRESS |
| CIVIL AUTHORITY NAME          | TITLE / ROLE | PHONE | E-MAIL ADDRESS |

**ODPS / EMS DIVISION USE ONLY**

|  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> AGENCY DATABASE _____ | <input type="checkbox"/> EDUCATION _____ | <input type="checkbox"/> GRANTS _____ |
|--|--|---------------------------------------|

