

IDAHO CERTIFICATION VERIFICATION REQUEST

PAGE 1 OF THIS FORM MUST BE COMPLETED BY THE APPLICANT.

Authorization to release information to the IDAHO EMS BUREAU

NAME: _____
First Last M.I.

ALSO KNOWN AS: _____
Alias, Maiden or Nicknames

MAILING ADDRESS: _____
City State Zip

IDAHO EMS AGENCY OF PRIMARY AFFILIATION: _____

I hereby authorize the state of _____ EMS credentialing agency to furnish the information requested on Page 2 of this document.

Certification/License Number EMS Level

Social Security Number Date of Birth

The Idaho EMS Bureau thanks you for your timely response and participation in completing this form.

Applicant Signature	Date
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Internal Use	
R/O Date Recd	_____
R/O Date Sent to C/O	_____
C/O Date Request Sent	_____
Date Returned	_____
Date Evaluated	_____
Applicant Notified	_____



