



OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

EMS AGENCY CHANGE OF INFORMATION

INFORMATION

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

HIGHEST LEVEL PROTOCOL USED

<input type="checkbox"/> EMT - P	<input type="checkbox"/> EMT - I	<input type="checkbox"/> EMT - B	<input type="checkbox"/> First Responder	<input type="checkbox"/> Higher
----------------------------------	----------------------------------	----------------------------------	--	---------------------------------

PAY STATUS

<input type="checkbox"/> All Paid	<input type="checkbox"/> All Volunteer	<input type="checkbox"/> Mixed - if checked, enter volunteer percentage
<input type="checkbox"/> Non-Transporting EMS Agency		<input type="checkbox"/> Fire - only agency and performs no EMS or medical transport functions

CONTACTS

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

DATA COLLECTION

<input type="checkbox"/> Direct Web entry via ODPS Web site	
<input type="checkbox"/> Reports submitted by – if checked enter name of entity	
<input type="checkbox"/> Collected into Data Management Software – if checked answer below sections	
SOFTWARE CREATOR	SOFTWARE NAME

SIGNATURE OF PERSON COMPLETING THE FORM X	DATE
PRINT NAME	

FILL IN FORM COMPLETELY, SIGN AND RETURN TO:

ODPS/EMS AGENCY UPDATE
1970 WEST BROAD STREET
COLUMBUS, OHIO 43218-2073
OR FAX TO (614) 995-7012