

Mary Washington Healthcare EMS Med Acudose Access Authorization Form

Last Name: _____ (please **PRINT** clearly)
First Name: _____ Middle Initial: _____
Virginia EMS Certification # _____ Last 4 SSN: _____
EMS Agency: _____ (No Abbreviations Please)
Supervisor: _____ (Print Name) Supervisor Phone #: _____
Also a hospital employee?: _____ MWHC Employee ID #: _____

PLEASE CHECK AT LEAST ONE BOX IN **EACH** COLUMN

County : (check all that apply)

Job Description: (check one)

- Caroline
- Colonial Beach
- Fredericksburg
- King George
- Orange
- Quantico
- Stafford
- Spotsylvania
- Other _____

- EMT - Paramedic
- EMT - Intermediate
- EMT - Enhanced

Date of ALS Release by OMD / REMS: _____

Provider Signature: _____

E-mail Address: _____

Provider Contact Phone Number: _____

Provider must also complete and sign a MWHC System Access Request form and Confidentiality & Security Agreement. Please attach to this form.

RETURN COMPLETED FORMS TO:

Tina Skinner, EMS Coordinator
Emergency Services
Mary Washington Healthcare
christina.skinner@mwhc.com
(Email or Fax to 540-741-1720)

Internal Use Only

NCE/Supervisor/Manager Signature: _____

Printed Name: _____ Date: _____

Once authorization verified by EMS Coordinator, signed forms will be submitted to Jacqueline Nix, IS Department for account activation. EMS provider will receive confirmation from IS Department.