



MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS

State Office of Commercial Ambulance Licensing and Regulation

653 West Pratt Street, Baltimore, MD. 21201

Office: (410) 706-8511 Fax: (410) 706-8552

Commercial Service Officer Information Form

Service Name: _____

Date: _____

| Title | Name | Email | Office & Cell Phone |
|---|-------------|--------------|--------------------------------|
| Owner | | | |
| Operations Manager | | | |
| Medical Director | | | |
| Associate Medical Director (if applicable) | | | |
| QA Officer | | | |
| Affiliation Verifying Agent | | | |
| Infection Control Officer | | | |
| ALS Coordinator (if applicable) | | | |
| SCT Coordinator (if applicable) | | | |
| PCR Contact | | | |
| Fleet Manager | | | |
| Other Management Personnel | | | |
| Other Management Personnel | | | |