

# AFFILIATION VERIFICATION

**NOTE: IF YOU ARE CHANGING YOUR AFFILIATION OR ADDING AN AFFILIATION, YOU NEED ONLY COMPLETE THIS SIDE OF THE APPLICATION. NEW STUDENTS MUST SIGN RELEASE STATEMENT ON OTHER SIDE OF THIS FORM.**

**Check One:**    \_\_\_ Add a new initial affiliation  
                   \_\_\_ Change initial affiliation (drop old affiliation number )  
                   \_\_\_ Add an additional affiliation (keep current affiliation(s))

**Please check one: ALS** \_\_\_\_\_ **BLS** \_\_\_\_\_ **EMD** \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

**New Affiliation Identification** (copy from Application 1, side 1 or refer to App. B of the Users Manual)

Affil. No.  Affil. Name \_\_\_\_\_

**1. COMPANY VERIFICATION/ MFRI VERIFICATION**  MFRI

To be completed by the company senior EMS Officer  
 I verify that the candidate named on this form is currently an active EMS member/provider holding membership with this company as of this date. This company approves of this individual's participation in EMS training and/or verifies that this individual will be providing EMS care as a member of this company.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
 Printed Name \_\_\_\_\_ Day Telephone (\_\_\_\_) \_\_\_\_\_

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**2. EMS OPERATIONAL PROGRAM SIGNATURE**  
*(This section **MUST** be completed by the approved verifying agency representative for all ALS, EMTB, & EMD candidates)*

APPROVED EMS OPERATIONAL PROGRAM       APPROVED COMMERCIAL SERVICE

I verify by my signature that the candidate named on this form is affiliated with a recognized and appropriate Maryland EMS Operational Program and/or Commercial EMS Service and will be/is authorized to provide EMS care within the company/EMS Operational Program of affiliation.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
 Printed Name \_\_\_\_\_ Day Telephone (\_\_\_\_) \_\_\_\_\_

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**3. MEDICAL DIRECTOR SIGNATURE**  
*(THIS SECTION **MUST BE COMPLETED FOR ALL ALS CANDIDATES**)*

I verify by my signature that the candidate named on this form has met all local and state requirements in order to pursue licensing/certifying with the intent to function in the EMS Operational Program of which I am the Medical Director.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Printed Name \_\_\_\_\_ Day Telephone (\_\_\_\_) \_\_\_\_\_

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**4. APPLICANT SIGNATURE** I understand that ALL information on this form is correct to the best of my knowledge, and is subject to verification. Failure to meet any requirements may serve as grounds of ineligibility for certification/licensure.

Applicant's signature: \_\_\_\_\_ Date \_\_\_\_\_

# MARYLAND EMERGENCY SERVICES STUDENT APPLICATION RELEASE & AFFILIATION FORM

**NOTE: This side of the form only needs to be completed for candidates taking a course for initial or renewal of certification/licensure.**

Applicant Name: \_\_\_\_\_  
Last First MI  
Course Number: \_\_\_\_\_ (copy from Application 1, side 1)

## RELEASE STATEMENT:

In compliance with the federal Family Educational and Rights to Privacy Act of 1974 and the Buckley Amendment, I authorize and give my permission to the University of Maryland, Maryland Fire and Rescue Institute, and the Maryland Institute for Emergency Medical Services Systems to release information concerning my training records to: (1) the primary instructor of this course; (2) the local training academy, if this course is being conducted within, or in collaboration with, such academy; (3) any federal or state agency (Maryland or other) with authority to certify, regulate, and/or fund EMS programs and personnel; and/or (4) \_\_\_\_\_.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

## PARENTAL PERMISSION TO ENROLL:

(TO BE FILLED OUT BY A PARENT/GUARDIAN OF APPLICANTS WHO ARE AT LEAST 16; BUT NOT YET 18 YEARS OF AGE)

I hereby give permission for \_\_\_\_\_ (Name of Applicant) to enroll in classes conducted by the \_\_\_\_\_ (Name of Teaching Agency). I understand the teaching agency is not authorized to provide travel, medical, or health insurance to students. I also understand my child may be exposed to infectious diseases, and physically strenuous and/or hazardous environments.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## VERIFICATION OF MEMBERSHIP

(TO BE FILLED OUT BY A COMPANY OFFICER FOR APPLICANTS WHO ARE AT LEAST 16; BUT NOT YET 18 YEARS OF AGE)

I understand that students registered and participating in classes and courses conducted by the Maryland Fire and Rescue Institute, University of Maryland must be at least sixteen years of age. I certify that the individual named above has been officially accepted into our emergency services department and is at least sixteen years old. The individual is thereby covered by our by-laws for personal behavior, and by our health, accident and other appropriate insurance policies for personal protection. I further understand that the Maryland Fire and Rescue Institute has in its program regulations, the requirements that all students admitted to classes must remain active members in good standing of their respective departments. If the student named in this form has his/her membership revoked or suspended within the duration of this course, I will notify the Maryland Fire and Rescue Institute in writing at the earliest opportunity.

EMS/Fire Company Official's Signature \_\_\_\_\_ Date \_\_\_\_\_

## PROOF OF PROTOCOL PROFICIENCY

(TO BE FILLED OUT BY THE EMS OPERATIONAL PROGRAM FOR USE OF NREMT FOR RENEWAL OF MARYLAND CERTIFICATION)

I hereby certify that the above named individual has completed the most recent protocol updates and is proficient with the current edition of the Maryland Medical Protocols for Emergency Medical Services Providers

EMS Operational Program Signature \_\_\_\_\_ Date \_\_\_\_\_

## MFRI COURSES ONLY

By my signature, I:

1. Acknowledge that any fraudulent entry may be considered sufficient cause for rejection or subsequent revocation from this course.
2. Understand the University of Maryland is not authorized to provide travel, medical, or health insurance for students. I maintain appropriate insurance on an individual basis. I will check my department's insurance policy to determine if I am sufficiently and appropriately covered.
3. Understand that this registration is not to be regarded as an irrevocable contract between the student and the University of Maryland.
4. Have received the following for class use: (if applicable, initialize on the lines provided)  
\_\_\_\_\_ A copy of the rules and regulation pertaining to this course.  
\_\_\_\_\_ Course text (check which type):  
\_\_\_\_\_ New \_\_\_\_\_ Used \_\_\_\_\_ Refused  
\_\_\_\_\_ Student Manual  
\_\_\_\_\_ Other (specify) \_\_\_\_\_
5. Affirm and declare that I am physically and mentally fit to perform all tasks within this course.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_