Colorado Department of Public Health and Environment

Medical Director Registration Form

State of Colorado
Colorado Department of Public Health and Environment
Emergency Medical and Trauma Services

Medical Director Information

CO License #: CO- **Date Form Submitted:**

Name (First, MI, Last):

Credentials: **Specialty:**

Address:

City: **State:** **Zip:**

Phone # (Primary): **Phone # (Secondary):**

E-mail (Primary): **(Secondary):**

Please list all service agencies for which you provide supervision in the spaces provided below

A service agency is any organized agency including but not limited to a "rescue unit" as defined in CRS 25-3.5 103(11) using department certified EMT-Basics, EMT-Intermediates or EMT-Paramedics to render initial emergency medical care to a patient prior to or during transport.

ID #	Agency Name	County	RETAC

Print Form