



**Prehospital Care Program  
ALS Provider File Update**

- UPMC Braddock       UPMC McKeesport       UPMC Presbyterian  
 UPMC St. Margaret       UPMC South Side       CMC

Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Pager: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Certification Number: \_\_\_\_\_  AED  EMT-P  PHRN  HP Physician

Primary Service: \_\_\_\_\_ Secondary Service: \_\_\_\_\_

Additional Certifications:  BCLS  ACLS  PALS  B/PHTLS  
 Instructor \_\_\_\_\_ (Please attach copies of all)

Other areas of interest in public safety: \_\_\_\_\_

Preceptor:  UPMC  CCAC  CEM

Have you ever had medical command authorization?  Yes  No

Name of ALS service medical director(s): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_