

Revised Date: July 15, 2019

## SERVICE PROVIDER EMERGENCY MEDICAL TECHNICIAN (EMT) OPTIONAL SCOPE ANNUAL UTILIZATION REPORT FORM

EMT Optional Scope Service Provider Agency:

Calendar Year:

Contact Person:

Phone #:

## **Utilization Information**

Date	Incident #	Skill Used	Successful (Y/N)	Complications/Notes
	1			

This application and **all** required items may be mailed or emailed.

If you would like to meet with someone to drop off your paperwork, please make an appointment by calling (530) 666-8665.