



EMS Credentialing
P.O. Box 47877
Olympia, WA 98507
360-236-4700

EMS Supervisor Change Form

Complete the following information, if you are accessing the EMS Online system as an agency supervisor and are updating or creating an account.

Select One: New Agency Change

Complete this section if you hold a credential with the Department of Health.

Name: First Middle Last

Email Address: Credential Number:

Agency Name: Agency License Number:

Complete this section if you have not held a credential with the Department of Health.

Name: First Middle Last

Social Security Number (SSN): Date of Birth:

Email Address:

Address:

City: State: Zip Code: County:

Agency Name: Agency License Number:

By: _____ Dated _____
(Signature of Agency Supervisor) (mm/dd/yyyy)