



Georgia Office of EMS and Trauma

Program Director Designation

EMS EDUCATION PROGRAM NAME: _____

CERTIFICATION STATEMENTS

FOR PERSON DESIGNATING PROGRAM DIRECTOR:

- I ACKNOWLEDGE THAT THE PERSON LISTED BELOW IS THE PROGRAM DIRECTOR FOR THE EMS EDUCATION PROGRAM LISTED ABOVE, THAT I UNDERSTAND THE PROGRAM DIRECTOR MUST HAVE A LOGIN TO THE OFFICE OF EMS AND TRAUMA LICENSE MANAGEMENT SYSTEM, AND THAT THE PROGRAM DIRECTOR LISTED BELOW WILL BE ALLOWED TO MAKE CHANGES TO THIS EMS EDUCATION PROGRAM, INCLUDING: ADD/DELETE LOCATIONS/SATELLITES/ALTERNATES/ETC, UPDATE AND/OR ADD MEDICAL DIRECTOR/PERSONNEL/ CLINICAL SITES/ETC.

FOR PERSON DESIGNATING PROGRAM DIRECTOR:

- I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE CURRENT OEMS RULES AND REGULATIONS, DPH 511-9-2, SPECIFICALLY THE SECTIONS RELATED TO EMS EDUCATION AND STANDARDS OF CONDUCT FOR LICENSEES. I ALSO ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND CURRENT OEMS POLICIES AND PROCEDURES, SPECIFICALLY, THOSE THAT APPLY TO EMS EDUCATION.

FOR PROGRAM DIRECTOR:

- I HEREBY ACKNOWLEDGE THAT I UNDERSTAND THAT I MUST HAVE A LOGIN TO THE OFFICE OF EMS AND TRAUMA LICENSE MANAGEMENT SYSTEM AND THAT COMMUNICATIONS FROM THE OFFICE OF EMS AND TRAUMA WILL BE SENT TO MY EMAIL LISTED WITH THAT SYSTEM AND THAT THESE ARE CONSIDERED OFFICIAL COMMUNICATIONS.

SIGNATURES **ALL SIGNATURES MUST BE HANDWRITTEN WET SIGNATURES**

Anyone with the legal authority to represent and sign on behalf of this Initial EMS Education Program may complete this form.

_____	_____	_____
Printed Name of Person Designating the Program Director	Title	OEMS License #
_____		_____
Signature of Person Designating the Program Director		Date Signed
_____	_____	_____
Printed Name of New Program Director	Title	OEMS License #
_____		_____
Signature of New Program Director		Date Signed

NOTARY

Subscribed and sworn before this _____
day of _____, 20_.

Notary Public

(stamp)

My Commissions expires: