

Respond To:  
X 523 Dell Street  
Bellefonte, PA 16823

☐ 713 Bridge St., Suite 18  
Selinsgrove, PA 17870



Phone: (814) 355-1474 or  
(570) 473-7834  
Fax: (814) 355-5149  
Web: [www.smemsc.org](http://www.smemsc.org)

## Licensure Add-on Provider Roster List

Requested Add-On:	
Agency:	
Medical Director:	

Provider's Name	EMS Level and Cert #	Training Date and Method (In Person or Online)	Skills Check/Review Date

Signature		Date
Agency Representative:		
*Medical Director:		
<i>*Medical Director, by signing this roster, you are indicating your support, endorsement, and approval of the listed providers above to perform the indicated skill. Your signature also signifies that you as the Agency Medical Director have provided appropriate skills check/review and are satisfied with the providers ability to perform the indicated skill.</i>		