

The 2009 EMT-I Skills Competition Team Application Form

Submit this application form with complete information for all team members. Each team member will be required to show their current *license/certification* card at the skills competition check-in.

TEAM MEMBER #1	
Name:	
Certification: (e.g., EMT-I, EMT II)	
Agency/Organization:	
Occupation:	
Address:	
City, State, Zip Code:	
Phone:	
TEAM MEMBER #2	
Name:	
Certification: (e.g., EMT-I, EMT-II)	
Agency/Organization:	
Occupation:	
Address:	
City, State, Zip Code:	
Phone:	

**Alaska Medical Support Team (AMST) will supply necessary equipment.
Will you need a trauma bag supplied? Yes No**

Send completed form to:
Skills Competition
c/o Southern Region EMS
6130 Tuttle Place
Anchorage, AK 99507

Please return by November 6, 2009