AMBULANCE PROVIDER SIGNATURE LOG

Company Name:___________________________

Employee Name, Full Signature, Credentials	Initials	Employment Start Date	Employment End Date
Signature ______ *Printed Name* ______ ❑ EMT ❑ EMT-I ❑ EMT-P ❑Other: *(specify)*			
Signature ______ *Printed Name* ______ ❑ EMT ❑ EMT-I ❑ EMT-P ❑Other: *(specify)*			
Signature ______ *Printed Name* ______ ❑ EMT ❑ EMT-I ❑ EMT-P ❑Other: *(specify)*			
Signature ______ *Printed Name* ______ ❑ EMT ❑ EMT-I ❑ EMT-P ❑Other: *(specify)*			
Signature ______ *Printed Name* ______ ❑ EMT ❑ EMT-I ❑ EMT-P ❑Other: *(specify)*			
Signature ______ *Printed Name* ______ ❑ EMT ❑ EMT-I ❑ EMT-P ❑Other: *(specify)*			
Signature ______ *Printed Name* ______ ❑ EMT ❑ EMT-I ❑ EMT-P ❑Other: *(specify)*			
Signature ______ *Printed Name* ______ ❑ EMT ❑ EMT-I ❑ EMT-P ❑Other: *(specify)*			
Signature ______ *Printed Name* ______ ❑ EMT ❑ EMT-I ❑ EMT-P ❑Other: *(specify)*			
Signature ______ *Printed Name* ______ ❑ EMT ❑ EMT-I ❑ EMT-P ❑Other: *(specify)*			

Please keep an official signature on file of all staff making entries in patients' ambulance records and maintain the signatures in chronological order according to the date of hire of the employee. Provide a copy of the appropriate page(s) when records are requested by the Funds for an audit or a request for information to verify the authentication of ambulance records for reimbursement purposes.