



The Pre-Hospital Healthcare Team  
for  
Saginaw and Tuscola Counties

**Office of the Medical Director**  
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## SYSTEM ORIENTATION CHECKLIST

Name	Agency
Level of Licensure	Agency Level of Licensure

Requirement	Level	Date	Complete
System Orientation	MBSP		
Aeromedical LZ Course	MBSP		
Proof of Employment	MBSP		
Letter of Personal Reference	MBSP		
Letter of IC Recommendation or Medical Director Recommendation	MBSP		
Proof of Current State License	MBSP		
Proof of BCLS (AHA CPR Card)	MBSP		
Proof of Approved Trauma Certification	SP		
Proof of ACLS	SP		
Proof of Approved Pediatric Certification	SP		
SVMCA Advanced Airway Certification	SP		
Probationary Time (Hours: _____)	SP		
Medical Director Conference	SP		

LEVELS: M=MFR B=EMT Basic S=EMT Specialist P=EMT Paramedic