



The Pre-Hospital Healthcare Team
for
Saginaw and Tuscola Counties

Office of the Medical Director
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SYSTEM RECERTIFICATION CHECKLIST

NAME _____

LICENSE LEVEL _____

AGENCY _____

Required Level	Requirement	Completed	Expiration Date
ALL	Copy of Current State License		
ALL	Copy of CPR Card		
ALL	Proof of continued employment		
EMT S/P	Copy of approved Trauma Certification		
EMT S/P	Copy of AHA ACLS Certification		
EMT S/P	Copy of approved Pediatric Certification		
EMT S/P	Intubation certificate or 10 documented intubations		