



**DANE COUNTY EMERGENCY MANAGEMENT  
Emergency Medical Services Division**

Public Safety Building, Room 2107  
115 West Doty Street  
Madison, Wisconsin 53703-3202  
Phone: 608.266.4387  
FAX: 608.266.4500

**Application for Service Medical Director with:**

NAME OF EMS DISTRICT
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NAME: (Last, First, Middle)	
PERMANENT ADDRESS: (Number, Street, City, State, Zip)	Home Telephone #: (    ) -    -
DO YOU HAVE A WISCONSIN DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER'S LICENSE #: -    -    -
WORK AFFILIATION: (Office & Hospital)	
BUSINESS ADDRESS: (Number, Street, City, State, Zip)	
BUSINESS TELEPHONE #: (    ) -    -    , Ext.	BUSINESS EMAIL ADDRESS:
CELL PHONE #: (    ) -    -	AREA/S OF SPECIALTY:
CURRENT WISCONSIN MEDICAL LICENSE TO PRACTICE #:	UPN #:
BOARD CERTIFICATION:	CERTIFICATION #:
DESCRIBE BRIEFLY YOUR EXPERIENCES IN EMERGENCY MEDICAL SERVICES: (Ambulance Service, Training, Emergency Room)	

*I certify that my answers to the questions on this application are true to the best of my knowledge and I authorize Dane County Department of Emergency Management, EMS Division, to conduct a driver's license review.*

SIGNATURE OF APPLICANT	DATE
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