



**EMERGENCY HEALTH  
SERVICES FEDERATION**  
YOUR COMMUNITY. OUR COMMITMENT.

# Emergency Health Services Federation Evaluation Team Personnel Application

## Personal Information

First Name

Middle Name

Last Name

Social Security Number

Date of Birth

Street Address

City

State

Zip Code

County

Telephone

E-mail

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## Current PA EMS Certification Information:

EMS Certification Level

EMS Certification Number

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Please return the completed application to the attention of Megan A. Ruby at the address below, or you may e-mail the application to [mruby@ehsf.org](mailto:mruby@ehsf.org):

Emergency Health Services Federation  
ATTN: Megan A. Ruby  
722 Limekiln Road  
New Cumberland, PA 17070