

EME DEPARTMENT NEW AGREEMENT INFORMATION FORM:

1. EME-P EMT-BLS OTHER _____

2. Legal name of service provider:

3. Name(s) of all sites/facilities***:

4. Address(es) of all sites/facilities ***:

5. Address for Written notice of site/facilities modification(s), renewal(s) or termination:

City		State	Zip
6. Term of Agreement & Insurance Certificate Required:	3 years 5 years	Certificate of Insurance Yes No	

7. Name and Title of service provider's authorized signatory:

Name

Title

8. Secondary service provider contact information:

Name

Title

Email address

Telephone

Fax number

Student placement contact:

Name

Title

Email address

Telephone

Fax number

Name and Address of where to send agreement for full execution:

***** IF MORE THAN 3 SITES ARE AVAILABLE WITH FACILITIES ON ITEMS #2, #3, AND #4 PLEASE PROVIDE INFORMATION ON A SEPARATE SHEET *****

Note: Once the form is complete, please send to Allen Young, Contract Services, Administrative Building, Rm A-128 or email to ayoung@palomar.edu.