



NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES DEPARTMENT OF
HEALTH SERVICE REGULATION OFFICE OF EMERGENCY MEDICAL SERVICES
2707 Mail Service Center | Raleigh, NC 27699-2707 | Phone: (919) 855-3935 | Fax: (919) 733-7021

Education Institution Application Endorsement Document

We, the undersigned, have reviewed and approve this Educational Institution Application for:

Chief Executive Officer (Dean or Comparable Administrator):

Name: _____ Title: _____

Signature: _____ Date _____

EMS Program Coordinator:

Name: _____ Date: _____

Signature: _____

EMS Education Medical Advisor:

Name: _____ Date: _____

Medical Advisor Attestation: By signing below I attest that I am aware of and agree to the responsibilities of the Education Medical Advisor position as described in Rule NCAC 13P .0602 (b)(5).