

Return Registration to:  
**Center for Community Preparedness**  
**ESAR-VHP Program**  
 8919 World Ministry Avenue, Ste. B  
 Baton Rouge, LA 70810  
 Email: [mmstarks@dhh.la.gov](mailto:mmstarks@dhh.la.gov)  
 Telephone: (225) 763-3566  
 Fax: (225) 765-2794

| Office Use Only      |       |
|----------------------|-------|
| License(s) Verified  | _____ |
| Forwarded to Program | _____ |
| Forwarded to Region  | _____ |
| Credential Level     | _____ |
| Volunteer Number     | _____ |

## Emergency Medical Technicians

### Emergency Systems for Advance Registration of Volunteer Health Professionals (ESAR-VHP)

#### Registration Form

|   |                   |                               |   |                         |                              |
|---|-------------------|-------------------------------|---|-------------------------|------------------------------|
| <b>IDENTIFICATION INFORMATION: (Please print or type ALL information)</b>   |                   |                               |   |                         |                              |
| <b>Legal Name</b>   |                   |                               |   |                         |                              |
| <b>Last:</b>  |                   | <b>First:</b>                 |   | <b>Middle:</b>          |                              |
| <b>Street Address:</b>  |                   |                               |   |                         |                              |
| <b>City:</b>  |                   | <b>State:</b>                 |   | <b>Zip Code:</b>        |                              |
| <b>Home Telephone Number:</b>   |                   | <b>Cell Telephone Number:</b> |   | <b>Pager:</b>           |                              |
| <b>Fax Number:</b>  |                   | <b>E-mail Address:</b>        |   |                         |                              |
| <b>Employer:</b>  |                   |                               |   |                         |                              |
| <b>Street Address:</b>  |                   |                               |   |                         |                              |
| <b>City:</b>  |                   | <b>State:</b>                 |   | <b>Zip Code:</b>        |                              |
| <b>Type of setting in which health volunteer practices his/her clinical work:</b>   |                   |                               |   |                         |                              |
| <input type="checkbox"/> Hospital <input type="checkbox"/> Private or Group Practice <input type="checkbox"/> Clinic <input type="checkbox"/> Public Health   |                   |                               |   |                         |                              |
| <b>Name of Supervisor:</b>  |                   |                               |   |                         |                              |
| <b>Work Telephone Number:</b>   |                   |                               |   |                         |                              |
| <b>Military Experience:</b>   |                   |                               | <input type="checkbox"/> Yes <input type="checkbox"/> No      |                         | <b>Social Security #:</b>    |
| <b>Date of Birth:</b>   |                   | <b>Gender:</b>                | <input type="checkbox"/> Male <input type="checkbox"/> Female |                         | <b>Height (Feet/Inches):</b> |
| <b>Driver's license#:</b>   |                   | <b>State issued:</b>          |   | <b>Expiration date:</b> |                              |
| <b>Weight:</b>  |                   | <b>Color of Hair:</b>         |   | <b>Color of Eyes:</b>   |                              |
| <b>Do you speak any language other than English fluently?</b>   |                   |                               | <input type="checkbox"/> Yes <input type="checkbox"/> No      |                         |                              |
| <b>If yes, what other language do you speak?</b>  |                   |                               |   |                         |                              |
| <b>Have you ever had a civil or criminal conviction in federal or state court, or had any adverse federal or State licensing actions, or been excluded from participation in federal or state health care programs?</b> |                   |                               |   |                         |                              |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  |                   |                               |   |                         |                              |
| <b>EDUCATIONAL PREPARATION:</b>   |                   |                               |   |                         |                              |
| <input type="checkbox"/> High School <input type="checkbox"/> GED <input type="checkbox"/> College <input type="checkbox"/> Other _____   |                   |                               |   |                         |                              |
| If you have attended college, how many years did you attend? _____  |                   |                               |   |                         |                              |
| Did you obtain a degree? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                   |                               |   |                         |                              |
| <b>EDUCATIONAL INSTITUTIONS</b>   |                   |                               |   |                         |                              |
| <b>Name of Educational Institution</b>  | <b>City/State</b> |                               | <b>Degree and Date Conferred</b>                              |                         |                              |
|   |                   |                               |   |                         |                              |
|   |                   |                               |   |                         |                              |
|   |                   |                               |   |                         |                              |

*Please direct Emergency Medical Services questions to: Evon Smith at 225-763-5700*

