



SMAT II NORTH CAROLINA

SMAT Member Personnel Data Form And Emergency Contact Information (Confidential information is not for distribution)

Last Name: _____ **DOB:** _____

First Name: _____

Address: _____

Phone - Work: _____ Home: _____
- Cell: _____ Service Provider: _____
- Pager: _____ Service Provider: _____
Alpha-numeric: Y N

E-Mail Address: _____

Drivers License Number: _____

(Information obtained will only be used for training records and license verification)

Certification or Licenses: MD / DO / ALP (NP/PA/etc) Pharm / RN / EMT-P /
EMT-I / EMT / Lab / X-Ray / Resp. Therapist / Pharm Tech / CAN / Social Work

Other: LEO / CDL Driver / Facilities Operations / Communications / Support
(Please circle any that apply)

License/P Number: _____ Expiration date: ____/____/____

Emergency Contact #1: _____ Relationship: _____

Address: _____

Cell: _____ Work: _____ Home: _____

Emergency Contact #2: _____ Relationship: _____

Address: _____

Cell: _____ Work: _____ Home: _____

Clothing: Hat sz: _____ T-shirt sz: _____ Pants sz: waist _____

