

COUNTY OF SUFFOLK



STEVEN BELLONE
SUFFOLK COUNTY EXECUTIVE

DEPARTMENT OF HEALTH SERVICES

GREGSON H. PIGOTT, M.D., M.P.H.
Commissioner

Nomination for Suffolk County ALS Preceptor

Name of Provider: _____

Department: _____

EMT-P#: _____ Date of Nomination: _____

Nominee Email Address: _____

Home Address: _____

Home Phone#: _____ Cell Phone#: _____

Time as Practicing ALS Provider in Suffolk County: _____

Name & Title of Nominator: _____

Email Address: _____

Telephone #: _____

Signature: _____



Public Health
Prevent. Promote. Protect.

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