

OMB Approval No. 0938-0685

SECTION 3: QUALIFICATION OF CREW

- A. 1st Crewmember Information** - Check the appropriate box to indicate whether this ambulance company is using this section to add or delete a crewmember currently on file. Provide the effective date of that change, complete the appropriate information, and sign and date the certification statement. Otherwise:

1. Furnish the name, social security number, and date of birth of each crewmember.
2. Report all training completed by each crewmember.

All certificates verifying that the crewmembers have successfully completed the requisite training must be submitted with this application. Crewmembers must continue to pursue and complete continuing education requirements in accordance with State and local licensing laws. Evidence of re-certification must be submitted to the Medicare contractor upon request.

- B. 2nd Crewmember Information** - This section is provided to report additional crewmembers. See instructions above for Section 3A.
- C. 3rd Crewmember Information** - This section is provided to report additional crewmembers. See instructions above for Section 3A.
- D. 4th Crewmember Information** - This section is provided to report additional crewmembers. See instructions above for Section 3A.
- E. 5th Crewmember Information** - This section is provided to report additional crewmembers. See instructions above for Section 3A.