



### Emergency Medical Services Agency

300 North San Antonio Road ♦ Santa Barbara, CA 93110-1316  
805/681-5274 ♦ FAX 805/681-5142  
[www.countyofsb.org/phd/ems](http://www.countyofsb.org/phd/ems)

Van Do-Reynoso, MPH, PhD Director  
Suzanne Jacobson, CPA Chief Financial Officer  
Paige Batson, MA, PHN, RN Deputy Director  
Douglas Metz, DPM, MPH Deputy Director  
Polly Baldwin, MD, MPH Medical Director  
Hemming Ansoerg, M.D. Health Officer

Nick Clay EMS Agency Director  
Agelo Salvucci, MD EMS Medical Director

## NOTICE OF CHANGE OF NAME, ADDRESS OR EMPLOYER

**Print Name:** \_\_\_\_\_  
Last First M.I.

**Level:**  EMT  Paramedic **License/Certificate #:** \_\_\_\_\_ **Last 4 SSN:** \_\_\_\_\_

Personal Information Change – Check and complete all that apply:

**Name:** **From:** \_\_\_\_\_  
(attach legal documentation) Last First M.I.  
**To:** \_\_\_\_\_  
Last First M.I.

**Address:** \_\_\_\_\_  
Number and Street City State Zip

**Email address:** \_\_\_\_\_

**Phone:** (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home Cell

**Employer:** \_\_\_\_\_  New Employer  
 No longer Employed

**Address:** \_\_\_\_\_  
Number and Street City State Zip

**Phone:** (\_\_\_\_\_) \_\_\_\_\_

**Signature:** \_\_\_\_\_

Please complete and return to:  
**Santa Barbara County EMS Agency**  
**Attn: Certification/Accreditation**  
**300 N. San Antonio Rd. Bld. 1, Room A112**  
**Santa Barbara, CA 93110**  
**Fax: (805)681-5142 email: [ems@sbcphd.org](mailto:ems@sbcphd.org)**

(For EMS Agency use only)  
Date received: \_\_\_\_\_ Date updated: \_\_\_\_\_ EMS Rep. Initials: \_\_\_\_\_