

N.C. Department of Health and Human Services

Division of Health Service Regulation

Office of Emergency Medical Services

2707 Mail Service Center ■ Raleigh, North Carolina 27699-2707

APPLICATION TO PROVIDE HEALTH CARE SERVICES

[G.S. §90-21.100.]

Name of Sponsoring Organization:

Name and Address of Each Principal Individual (*Please list the name, street address, city, zip code and phone number of the individuals who are officers or organizational officials responsible for the operation of the sponsoring organization*)

Sponsoring Organization County:

Sponsoring Organization Mailing Address:

Sponsoring Organization Telephone number:

Please be advised, the one-time registration fee in the amount of \$50.00 must accompany the completed application and be submitted to the Division of Health Service Regulation.