



Endorsements:

Please type or print the name and title under each required signature. If additional signatures are required, attach an extra copy of this sheet.

We the undersigned, recommend this application and all attachments for approval by the NCOEMS and UNC. We fully approve, support, and endorse this application with a knowledge and understanding of our respective roles and responsibilities in working with the PECC+ program.

PECC Applicant Signature

Date

Type/print name _____

EMS System Chief Signature

Date

Type/print name _____

Medical Director Signature

Date

Type/print name _____

