



**Delaware Health and Social Services
Division of Management Services**

Office of Emergency Medical Services
DPH, Public Health Preparedness Section
100 Sunnyside Road Smyrna, DE
19977
Telephone: (302) 223-1350
Fax: (302) 857-5901

**Office Of Emergency Medical Services
Delaware Emergency Medical Reporting
System (DEMRS)
Access Form**

Important. OEMS will be adding you to the new DEMRS system based on the information you provide below. If you have any questions regarding this form, please discuss them with your sponsoring organization. This form needs to be returned within **3** business days of receiving it so that we can ensure you will be added and available in the system when it goes live.

First Name (please print): _____

Last Name (please print): _____

Nationally Registered (please circle one): Yes No

State or National Certification Number: _____

Title (please print): _____

Requestor's Email Address (please print): _____

Supervisor's Name (please print): _____

Primary Company Name (please print): _____

Additional Company Name and Title (please print): _____

Additional Company Name and Title (please print): _____

Additional Company Name and Title (please print): _____

Please mail or fax this signed form and the signed Acceptable User form to the address or fax number below:

Office of Emergency Medical Services
DPH, Public Health Preparedness Section
100 Sunnyside Road Smyrna, DE 19977

Fax: (302) 857-5901

Full Name (printed) _____

Signature _____

Date _____

Supervisor Name (printed) _____

Supervisor Signature _____

Date _____

OEMS Use Only- Date Added to DEMRS: _____