



Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000

Governor Mike Beebe

Nathaniel Smith, MD, MPH, Director and State Health Officer

Emergency Medical Service Provider Address Change Form

Provider Name _____
(Please print)

EMT Provider Number _____

New Mailing Address _____

City **State** **Zip Code**

Home Phone Number (include are code)

Cell Phone Number (include are code)

E-mail Address _____

Provider's Signature _____ **Date** _____

Mail this completed form to:

**Arkansas Department of Health
Section of EMS
5800 West 10th Street, Suite 800
Little Rock, AR 72204**

Or fax to (501) 280-4901