

Arkansas Department of Health, Section of EMS
5800 West 10th Street, Suite 800
Little Rock, AR 72204
Office: (501) 661-2262
Fax: (501) 280-4901



Arkansas Emergency Medical Service Providers

Patch Order Form

Name: _____
Licensure Level: _____ EMT #: _____
Address: _____ City: _____
County: _____ State: _____ Zip Code: _____
Contact Number: _____
E-mail: _____

Note: Arkansas Emergency Medical Service Providers can only order at current level of licensure!

| | | |
|---|-----------------|------------------|
| Arkansas EMT Patch \$2.00 each | Quantity: _____ | Amount: \$ _____ |
| Identification Card \$1.00 each | Quantity: _____ | Amount: \$ _____ |
| Rocker \$1.00 each | Quantity: _____ | Amount: \$ _____ |
| Rocker \$1.00 each | Quantity: _____ | Amount: \$ _____ |
| Rocker \$1.00 each | Quantity: _____ | Amount: \$ _____ |
| Certificate of licensure \$5.00 each | Quantity: _____ | Amount: \$ _____ |
| Total Amount: \$ _____ | | |

Please make check or money order made payable to ADH.

Once completed, please print out order form and submit with payment to the following address:

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

Currently licensed Arkansas Emergency Medical Service Providers can purchase items at this time.