Clay County City and County Department Credentialing Form

Return this completed form to your supervisor.

Last Name		**Supervisor's Name**	
First Name		**Supervisor's phone #**	
Middle Initial		Next of Kin Name	
KS Driver's License #		Next of Kin #	
Date of Birth		**JOB TITLE**	
Department			
Status **(Full time; Part time; volunteer)**			
Date of Hire			
Home Street Address			
Home Mailing Address (if different)			
City, State, Zip code			
Driver's license state if not Kansas			
Driver's lic. exp. date			
Home phone number			
Work Phone Number			
Fax Number			
Mobile Phone Number			
E-Mail Address			
Radio # (if assigned)			
Gender			
Physician's Name			
Physician's phone #			

Do you have any critical allergies, medications or Medical Conditions that it might be important to know about if an emergency or accident occurs? List any pertinent:

List "Qualifications" and **ICS training level** as explained by your department's supervisor:

Medical personnel please list your license or certification number and expiration date

License/ Cert #	
Expiration Date	

Elected officials please list the date your term expires

Term expiration date	

Items in bold text/highlighted must be completed