



Date (dd / mm / yyyy)	EMALB File #
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I, _____, _____,
Name *EMA License Number*

under no duress or undue influence, hereby appoint the Designate named below as my representative for all matters related to the EMA file number referenced above.

Designate

Name	
Contact Phone Number	Contact Email
Contact Address	

In this capacity, I authorize my representative to communicate directly with the Emergency Medical Assistants Licensing Board on all correspondence and supporting information relevant to this file.

If the Board complaint investigation requires me to be personally interviewed by the Investigation Committee, or to participate in a hearing, I agree to fully participate with my representative.

I have read and understand the Emergency Medical Assistant’s Licensing Board’s Policy on Authorization of a Representative.

Signature

Date Signed