

EMA Licensing Board Authorization of Representative

Date _____ [dd/mm/yyyy]

EMALB File # _____

AUTHORIZATION:

I, **[Name]** _____, **[EMA License number]** _____ under no duress or undue influence, hereby appoint

[Name] _____,

[Contact phone number] _____,

[Contact email] _____,

[Contact address] _____,

Designate as my representative for all matters related to the EMA file number referenced above.

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.

SIGNED: _____

Date _____