

# Key User Request Form



## Instructions

Each provider agency participating in EMSTARS must designate staff that will take care of “all things data” for their agency. These persons are called key users and provide a central point of contact to coordinate all EMSTARS related activities.

Participating agencies must designate at least two (2) staff to serve as the Key Users for the organization (agencies may designate as many Key Users as they require to adequately support their user base).

Please fill out the form and email to [EMSTARS@flhealth.gov](mailto:EMSTARS@flhealth.gov) or fax to 850-488-2512.

## Agency Information

Agency ID: \_\_\_\_\_

Agency Name: \_\_\_\_\_

## Agency ePCR Software Information

NEMESIS Version: \_\_\_\_\_

Software Vendor: \_\_\_\_\_

## Key User #1 Information

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Key User #2 Information

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Agency Head Approval

*Form must be signed and dated by agency head (i.e. Administrator, Chief, etc.).*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Full Name (Print)*

\_\_\_\_\_  
*Date*