



# First and Last Name

Credentials Here

Position Here

Organization Name Here

Email Here

Phone Number Here

Fill out the following information below.

Name	
Credentials	
Position	
Organization	
Email	
Phone	
Bio Information	
Any Logo Update	

**Note:** Send this completed form, with photo and any applicable logo ( .jpg or .png format ) to [edu@paramedichs.org](mailto:edu@paramedichs.org)



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