

NON-SKILLED

* Please save the document in your computer, using Adobe Reader type the info, and then email to us.
www.pnsystem.com 305.818.5940 CEMP submission **NOT INCLUDED**

Emergency Plan only \$ 185.00

Add electronic submission \$ 100.00



Please Fill OUT The following Information for your Emergency PLAN:

*please use proper capitalization, means Use Capital Letter at beginning of Names, Street, City, then lower case.

Basic Information about the Agency

User:

Agency: License #: Password:

Address:

Phone Number: (This number will be answered at all times)

Fax Number:

County (ies) Licensed in: Email:

(All counties in your service area)

*please use proper capitalization

* do not not print or scan the form please

Person in Charge during Emergency (Key Staff)

Administrator Name/Title:

Local Police Information (Address/ph/fax/email):

Home Phone Number:

Work Phone Number:

Home Address:

Personal email:

Cell Phone Number: alternate:

*please use proper capitalization (can be a family member phone number) (alternate number can be a family member phone number)

Alternate Name/Title:

Lease Landlord, or Association, Name/ phone:

Home Phone Number:

Work Phone Number:

Personal email:

Cell Phone Number:

3. Agency Owner(s) *please use proper capitalization

Agency Owner 2 (if applicable)

Name/Title:

Home Address:

Home Address:

Work Phone Number:

Home Phone Number:

Personal email:

Cell Phone Number: alternate: alternate:

(alternate number can be a family member phone number)

Agency population, service provided:

Non Skilled Services (Aide, Personal Care, etc.) Elderly persons Minors

Any ages patients Other:

Other:

4. RN in charge *please use proper capitalization

Name/Title:

Home Address:

Work Phone Number: Email:

Cell Phone Number:

Administrator: Email:

Nursing Supervisor: Email:

(Another RN Name) Education Coordinator: Email:

Medical Records: Email:

(Clerk)

Submitted by (NAME):

*do not sign

Date:

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