

SKILLED AGENCIES * do not not print or scan the form please

* Please save the document in your computer, using Adobe Reader type the info, and then email to us.

www.pnsystem.com 305.818.5940 email: info@pnsystem.com CEMP submission **NOT INCLUDED**

- ☐ Emergency Plan only \$ 185.00
- ☐ Federal addendums \$ 75.00 (Medicare Providers only)
- ☐ 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

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

Person in Charge during Emergency (Key Staff)

Administrator Name/Title:

Home Address:

Work Phone Number: *please use proper capitalization

Personal email: (alternate number can be a family member phone number)

Home-Cell Phone Number: alternate: Local Police Information (Address/ph/fax/email).

*please use proper capitalization

Alternate Resp. Name: Title:

Home Phone Number:

Work Phone Number:

Personal email:

Lease Landlord, or Association, Name / phone:

Cell Phone Number:

Agency Owner(s) *please use proper capitalization

Name/Title: 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: ☐ Skilled Services (Nursing & Therapy) ☐ Non Skilled Services (Aide, Personal Care, etc.) ☐ Elderly persons ☐ Minors

☐ Any ages patients ☐ Other: Other:

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

Name/Title:

Home Address:

Work Phone Number: Email:

Cell Phone Number:

(Alternate DON Name)

Nursing Supervisor: Email:

Education Coordinator: Email:

Medical Records: Email:

(Resp. for filling)

Submitted by (NAME):

*do not sign

Date:

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