

EMSTARS Key User Request Form



Each licensed 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 or fax to 850-488-2512.

Agency ID: _____

Agency Name: _____

1. Key User

First Name: _____

Last Name: _____

Phone Number: _____

Email Address: _____

2. Key User

First Name: _____

Last Name: _____

Phone Number: _____

Email Address: _____

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

Signature: _____

Date: _____