

AMI Medical Personnel Database and Verification # Application Request:

Medical Personnel Name: _____ **MP Title:** _____

MP Home Address: _____ **D.O.B.:** _____

Phone #: _____ **Email:** _____

AMI Certifier Name: _____ **AMIC #:** _____

1) Are you a member of any of these organizations:

Arborist Association: Y – N / **Certification date:** _____ / **AA #:** _____

ISA: Y -N / **Certification Date:** _____ / **ISA #:** _____

TCIA: Y – N / **Certification Date:** _____ / **TCIA #:** _____

2) Tree/Medical Companies worked for. Please include a separate sheet detailing your work history and company information. Company information included should be: name, address, state and city, phone number and any relevant info that can be used to find and confirm all information.

3) Do you attend Arborist Association Meetings: **Y – N** / If yes, how many a year: _____

4) Do you attend volunteer Arboriculture events or volunteer disaster relief opportunities through your employer or events you found and signed up for. Please provide a separate sheet with descriptions and details of what you did including date, locations. Examples of events or disaster relief: Going out of town to help with clean up after a natural disaster, saluting branches, events the AA or ISA may be doing to help the community, etc. **Y – N**

5) You understand you are solely responsible for keeping your private Medical Personnel info updated and current. The company is not responsible for submitting data, awards, commendations, certificates, degrees, etc. You understand if a company would get all employees First-Aid and CPR Certified, the company is only responsible for the company being documented for getting their employees the certificate and a list of the employees for company records and the individual is still responsible for submitting the completed document for their Personnel Medical Records. **Y – N**

Medical Personnel Signature: _____ **Date:** _____

AMI Certifier Name: _____ **AMIC #:** _____

AMIC Signature: _____ **AMI Applicant ID #:** _____