SALT LAKE COUNTY HEALTH DEPARTMENT

medical reserve corps

ID Card Form

Last Name _____

First Name _____

DOB: _____ DL Number: _____

Choose ONE: MEDICAL NONMEDICAL BEHAVIORAL Health

Occupation: _____
(optional for nonmedical personnel)

Specialty(ies): _____

Qualifications: Mark each item you are qualified for. Additional documentation may be required.

Code	***Description***
ACU	Acupuncturist
AED	Automated External Defibrillator
AID	First Aid
BDLS	Basic Disaster Life Support certified
BT	Behavioral Therapist
CDL	Commercial Driver License
CERT	Community Emergency Response Team
CHAP	Chaplain /Cleric/Imam/Rabbi
CIRO	Chiropractor
CISM	Critical Incident Stress Managmnt certified
CNA	Certified Nursing Assistant
CNSLR	Counselor
DENT	Dentist
DENTA	Dental Assistant
ELEC	Electrician
EMT	Emergency Medical Technician
EMTP	Paramedic
ENG	Engineer
EPI	Epidemiologist
ESF 6	EOC Mass Casualty, Hous, Human Srvs
ESF 8	EOC Public Health & Medical Services
HAM	HAM Radio Operator
HEDU	Health Educator
HEO	Heavy Equipment Operator

Code	***Description***
HZMT	Hazardous Materials Technician
LANG	Additional Languages _____
	_____
LCC	Licensed Child Care
LCSW	Licensed Clinical Social Worker
LOG	Logistics
MA	Medical Assistant
MD	Medical Doctor
MECH	Mechanic
MHW	Mental Health Worker
MT	Medical transport
NRS	Nurse
NRSA	Advanced Registered Nurse
PHAR	Pharmacist
PHT	Pharmacy Tech
PHY	Physician
PHYA	Physician's Assistant
PED	Pediatrician
PHLB	Phlebotomy
RESP	Respiratory Therapist
SW	Social Worker
VET	Veterinarian
VETT	Veterinary Technician
WELD	Welder