



## GMVEMSC CLIA Certificate of Waiver Participation Form

---

Reference the *GMVEMSC CLIA Certificate of Waiver Participation Requirements* document prior to completion of this form.

EMS Agency Name: \_\_\_\_\_

EMS Agency Address: \_\_\_\_\_

\_\_\_\_\_

EMS Agency Phone #: \_\_\_\_\_

Glucometer Brand/Model: \_\_\_\_\_

Agency Contact Name: \_\_\_\_\_

Agency Contact Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Email to:** [gmvemsc@gdaha.org](mailto:gmvemsc@gdaha.org)

**Mail To:** GMVEMSC  
241 TAYLOR STREET  
SUITE 130  
DAYTON OH 45402

**Fax To:** (937) 228-1035