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

www.pnsystem.com 305.818.5940

CEMP submission NOT INCLUDED OR PROVIDED

Add electronic submission \$ 100.00



Plan only \$ 184.99 Federal addendums \$ 75.00 (Medicare

Providers only)

Emergency

email: info@pnsystem.com Please Fill OUT The following Information for your Emergency PLAN:

Basic Information about the Agency *please use prop	*please use proper capitalization sic Information about the Agency		
Agency Name:License #:		User:	
Address:			Password
Phone Number: (7	his number wi	Il be answered at all times)	_
Fax Number:		,	
County (ies) Licensed in:	emai	1:	
se use proper capitalization (all counties in your service area	a)		
Person in Charge during Emergency (Key Staff)	* do no	t not print or scan the form	please
Administrator Name/Title:			
			VERIF
Home Address:	*nlease use	proper capitalization	
Personal email:			/ 1 /6 / -1
Home-Cell Phone Number: alternate:	LC	ocal Police Information (Addi > can be a family memb	
ease use proper capitalization		> can be a family memb	er pnone numi
• • •			
Alternate Resp. Name: Title: _			
Home Phone Number:	<u> </u>		
Work Phone Number:			
Personal email:			
Cell Phone Number:	L	ease Landlord, or Association	on, Name/ pho
3. Agency Owner(s) *please use proper capitalization			
3. Agency Owner(s)		Owner(s):	
Name/Title:Title:			
Home Address:			
Work Phone Number:			
Home Phone Number:			
Personal email:			
Cell Phone Number:alternate:		alternate:	
(alternate number can	•		
Agency population, service provided: Skilled Services			
Non Skilled Services (Aide, Personal Care, etc.)	Other:		
Elderly persons Minors Any ages patients	Other:		
4. DON: *please use proper capitalization			
Name/Title:			
Home Address:			
Work Phone Number:			
Cell Phone Number:			
(Alternate DON Name)			
Nursing Supervisor:	email·		
Education Countinators	email:		
Education Coordinator:	GIIIAII.		
	email:		
Medical Records:			
(Resp. for filling)		- · · · · · · · · · · · · · · · · · · ·	D
	ļ	Backup Agency Name	Phone Num
Submitted by (NAME):			
*do not sign		(Address)	
-			

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