

HEALTHCARE ASSOCIATION of HAWAII
Emergency Services

EMERGENCY PROGRAM MANAGER DESIGNATION
Delegation of Authority

Date Received
Org Type

The purpose of this form is to designate a primary and alternate Emergency Program Manager for the organization identified below. These individuals are authorized to receive all actionable HAH Emergency Services emergency communications, to manage confidential response information and to request resources in behalf of the organization.

Instructions: Print or type legibly and provide all requested information. Submit your completed request by facsimile (845) 839-8356 or US mail to the address listed below. HAH will process your request within 10 business days.

A maximum of two (2) individuals may be designated for any given organization. Designation can be changed at any time by completing and submitting a revised form.

ORGANIZATION	Organization Name:	Date (MM/DD/YY):
	Printed Name and Title of Senior Organization Official:	
	Signature of Senior Organization Official:	
PRIMARY	Name and title of PRIMARY designee:	
	Cellular telephone number:	<input type="checkbox"/> <i>Cell Phone and Text to Cell</i>
	Work Email address:	<input type="checkbox"/> <i>Work E-mail</i> <input type="checkbox"/> <i>Mailman List</i>
	Office telephone number:	<input type="checkbox"/> <i>Office Phone</i>
	Home telephone number (optional):	<input type="checkbox"/> <i>Home Phone</i>
	Personal Email address (optional):	<input type="checkbox"/> <i>Alternate E-mail</i>
ALTERNATE	Name and title of ALTERNATE designee:	
	Cellular telephone number:	<input type="checkbox"/> <i>Cell Phone and Text to Cell</i>
	Work Email address:	<input type="checkbox"/> <i>Work E-mail</i> <input type="checkbox"/> <i>Mailman List</i>
	Office telephone number:	<input type="checkbox"/> <i>Office Phone</i>
	Home telephone number (optional):	<input type="checkbox"/> <i>Home Phone</i>
	Personal Email address (optional):	<input type="checkbox"/> <i>Alternate E-mail</i>

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