



Office of Emergency Preparedness and Response

NYC HOSPITAL CONTACT INFORMATION SHEET

Please complete and return to David Miller at dmillerjr@health.nyc.gov

PLEASE NOTE: EP Coordinators are responsible for submitting changes in their contact information as needed.

Facility:

CEO Name:

EP Coordinator Information

Name:

Office Phone:

Office Fax:

24 Hour Phone:

Office Address:

Company Email Address:

Preferred Email Address:

EPC Supervisor Name:

E-Mail:

Office Phone:

Do you have a Salesforce Account? If so, please provide the following:

SalesForce User ID:

SalesForce User Email:

If you do not have a Salesforce Account, you can sign up for one here:

https://hfd.force.com/HFD_Login

Alternate EP Coordinator Information

Name:

Office Phone:

Office Fax:

24 Hour Phone:

Office Address:

Company Email Address:

Preferred Email Address:

Alternate EPC Salesforce Account? If so, please provide the following:

SalesForce User ID:

SalesForce User Email:

Signature: _____ Date: _____

(Individual Completing This Form)