





# Emergency Medical Services (EMS) Systems Alternate Rural Staffing and Response Authorization Request

EMS provider and/or EMS system future plans to meet staffing requirements under Section 515.830 g.

---

---

---

---

---

---

---

### EMS System ONLY

- Recommended by the EMS medical director  
Authorization requested is approved through \_\_\_\_\_ (Authorization not to exceed 48 months)  
Date
- Denied by the EMS medical director

\_\_\_\_\_  
EMS Medical Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
EMS System Coordinator Signature

\_\_\_\_\_  
Date

### IDPH ONLY

#### Regional EMS Coordinator

I recommend the authorization request be:  Approved  Denied  See attached Explanation Form

\_\_\_\_\_  
REMSC Signature

\_\_\_\_\_  
Date

### Central Office ONLY

Final Determination:  Approved  Denied

Comments:

---

---

---

\_\_\_\_\_  
EMS Division Chief Signature

\_\_\_\_\_  
Date

Processed By \_\_\_\_\_

Date \_\_\_\_\_