



Emergency Medical Services (EMS) Systems Special Events Request Application

This application is to be completed as an amendment to an existing EMS system plan by an ambulance provider who will be providing coverage at a specific event. The completed application and attachments should be forwarded to the EMS medical director and EMS system coordinator for review and approval. The application should then be forwarded to the Regional EMS Coordinator (REMSC) at least 45 days prior to the event.

Provider Name _____ Date _____

Provider Contact _____ Phone _____ E-mail _____

Address _____ City _____ State _____ ZIP _____

Ambulance License Number	VIN	Level of Care

1. Provide name(s) and license number(s) of EMT(s) for each vehicle listed above or attach a current staff roster.

Name	License Number	Name	License Number

2. Outline below how service area for vehicle(s) listed above will be covered during event. What mutual aid or backup will be provided for vehicles covering the event?

Name of Event _____ Location _____

Number of People Expected _____ Date(s) of Event _____ Hours of Operation _____

Attach a map of the hospital(s) to which the ambulance(s) will be transporting.

EMS System Name _____

Name of EMS system(s) that will handle communication for event if different than above.



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I have reviewed the above request to amend the EMS System Plan and verify that this ambulance provider meets the vehicle, equipment and staffing requirements of the EMS Act, Rules and Regulations and recommend these modifications of that plan.

EMS Medical Director

Date

EMS System Coordinator

Date

FORWARD THIS FORM AND ALL ATTACHMENTS TO THE REGIONAL EMS COORDINATOR FOR REVIEW.

REMSC Review: I Recommend I Do Not Recommend Date Received _____

Inspection Needed Yes No

Comments

REMSC Signature

Date