



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

INSTRUCTIONS:

The Alternate Rural Staffing Authorization is applicable for EMS transport and non-transport providers serving rural or semi-rural populations of 10,000 or fewer inhabitants and exclusively uses volunteers or paid on-call personnel or a combination to provide patient care under the authority of an Illinois state authorized EMS system (Administrative Code 515.830 Sections h, i and j). **Alternate Response Authorization is not limited by the population requirement.**

Date _____

Provider Name _____ Provider Number _____

Contact Person _____ Phone _____ Fax _____

Address _____ City _____

County _____ State _____ ZIP Code _____

E-mail _____

EMS System Hospital Name _____ EMS System No. _____

Our licensed EMTs are ☐ Volunteer / Unpaid ☐ Volunteer / Paid ☐ Paid

Request is for the following:

<input type="checkbox"/> Transport Ambulance	Level: <input type="checkbox"/> ALS <input type="checkbox"/> ILS <input type="checkbox"/> AEMT <input type="checkbox"/> BLS
<input type="checkbox"/> Non-transport Vehicle	Level: <input type="checkbox"/> ALS <input type="checkbox"/> ILS <input type="checkbox"/> AEMT <input type="checkbox"/> BLS
<input type="checkbox"/> Special Use Vehicle	Level: <input type="checkbox"/> ALS <input type="checkbox"/> ILS <input type="checkbox"/> AEMT <input type="checkbox"/> BLS
<input type="checkbox"/> Limited Operation Vehicle	Level: <input type="checkbox"/> ALS <input type="checkbox"/> ILS <input type="checkbox"/> AEMT <input type="checkbox"/> BLS

This application request is for: Alternate Rural Staffing: ☐ Yes ☐ No
Alternate Response Authorization: ☐ Yes ☐ No

Request includes: ☐ Primary Response Vehicles ☐ Secondary Response Vehicles

Describe the agencies extensive efforts to recruit and train licensed EMS personnel:

Provide the number and licensure types of personnel currently available to respond to emergency and non-emergency calls:

_____ EMR _____ EMT _____ AEMT _____ EMT-I _____ Paramedic



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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 _____

Submit by Email