



**Special Incident (Wildland fire, etc.)
EMS Personnel Limited Request for Recognition (Reference No. 461-A)**

Send Completed Forms to the S-SV EMS Agency
FAX: (916) 625-1720, or Email – John.Poland@ssvems.com

The Medical Unit Leader (or appropriate designee) shall complete this form and submit it to the S-SV EMS Agency for all special incidents (wildland fire, etc.) in the S-SV EMS Region (Butte, Colusa, Nevada, Placer, Shasta, Siskiyou, Sutter, Tehama, and Yuba counties) where EMS prehospital personnel not currently certified/licensed in California and/or accredited in the S-SV EMS Region will be utilized to provide medical and health care services for incident personnel. Medical Unit Leaders are responsible for reporting all arriving EMS personnel resources within 24 hours to the S-SV EMS Agency.

Incident Information:

Incident Name:
County: <input type="checkbox"/> Colusa <input type="checkbox"/> Butte <input type="checkbox"/> Nevada <input type="checkbox"/> Placer <input type="checkbox"/> Shasta <input type="checkbox"/> Siskiyou <input type="checkbox"/> Sutter <input type="checkbox"/> Tehama <input type="checkbox"/> Yuba
Date personnel listed below assigned to the incident:

Personnel Information:

1.	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
	Full Name	License/Cert Level	State	License/Cert #	Expiration Date
2.	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
	Full Name	License/Cert Level	State	License/Cert #	Expiration Date
3.	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
	Full Name	License/Cert Level	State	License/Cert #	Expiration Date
4.	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
	Full Name	License/Cert Level	State	License/Cert #	Expiration Date

I attest that I have physically examined the state EMS license/certification of the above individuals. (A NREMT card does not meet this requirement)

<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Medical Unit Leader Name – Print	Medical Unit Leader Signature	Date
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Phone Number	Fax Number	E-Mail Address

S-SV EMS Agency Confirmation of Receipt:

Received by:	Date:
Comments:	