



**Paramedic IFT Optional Skills
Prehospital Provider Application**

441-A

PREHOSPITAL PROVIDER INFORMATION

Name of prehospital provider agency:

Name of person completing application:

Telephone #:

Email:

APPLICATION CHECKLIST

Description	Enclosed	Approved
1. Letter of intent to provide paramedic IFT optional skills, including a list of the optional skills requesting approval for		
2. Anticipated paramedic IFT optional skills utilization call volume		
3. Equipment brand name, model number and all pertinent information for the mechanical infusion pumps or ATVs that will be utilized		
4. A description of the provider's QI processes related to paramedic IFT optional skills utilization		
5. CV/resume of the proposed physician, RN or paramedic training instructor(s)		
6. Description of the provider's plan for paramedic IFT optional skills training		
7. Provider's policies and procedures relevant to paramedic IFT optional skills		
8. Number of proposed personnel to be trained and authorized to provide paramedic IFT optional skills		
9. Proposed target date for beginning service		

S-SV EMS USE ONLY

Date application received:

Program approval date:

Notes:

Reviewed/approved by: