



**Paramedic IFT Optional Skills
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 that will be utilized		
2. Proposed paramedic IFT optional skills implementation date, and anticipated paramedic IFT optional skills utilization frequency/volume		
3. Number of personnel to be trained to utilize paramedic IFT option skills		
4. Description of paramedic IFT optional skills training program		
5. CV/resume of the proposed physician, RN or paramedic training instructor		
6. Paramedic IFT optional skills policies and procedures		
7. A description of the paramedic IFT optional skills utilization QI processes		
8. Equipment brand name, model number and pertinent information for the mechanical infusion pumps or ATVs that will be utilized		

S-SV EMS USE ONLY

Date application received:

Program approval date:

Notes:

Reviewed/approved by: