



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 optional skills.		
4. Paramedic IFT optional skills training program.		
5. CV/resume of the proposed physician, RN, or paramedic IFT optional skills training program instructor.		
6. Paramedic IFT optional skills policies and procedures.		
7. A description of the paramedic IFT optional skills utilization QI process.		
8. Equipment brand name, model number, and pertinent information for the mechanical infusion pumps, non-invasive HFNC devices, and/or ATV devices that will be utilized.		

S-SV EMS USE ONLY

Date application received:

Program approval date:

Reviewed/approved by: