



# Temporary Recognition Of EMS Personnel – Provider Organization Required Information/Documentation Form

462-A

## PRIVATE EMS PROVIDER ORGANIZATION INFORMATION

Provider Organization Name:

Provider Organization Business Location:

Position	Name	Telephone Number	Email Address
Management Contact			
Medical Director			

## PRIVATE EMS PROVIDER ORGANIZATION INFORMATION/DOCUMENTATION CHECKLIST

Required Information/Documentation	Enclosed (Provider)	Approved (SSVEMS)
Copies of applicable EMS business license(s)/permit(s)	<input type="checkbox"/>	<input type="checkbox"/>
A letter from the entity/state where the organization is authorized to provide EMS services, stating they are an authorized EMS provider in good standing	<input type="checkbox"/>	<input type="checkbox"/>
Identification of which patient care protocols will be utilized by the organization's EMS personnel (State EMS protocols, EMS provider organization protocols, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
The organization's EMS documentation & data collection policy/process and an explanation of how the organization will submit incident PCR's to S-SV EMS	<input type="checkbox"/>	<input type="checkbox"/>
Copy of the organization's policy/process ensuring secure storage/handling of controlled substances (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Copy of the organization's EMS quality improvement plan/process	<input type="checkbox"/>	<input type="checkbox"/>

## ATTESTATION

I attest that all information contained on this form and attached documents is true and correct to the best of my knowledge. I further attest that our organization agrees to submit all incident related PCR's to S-SV EMS within 7 calendar days of incident demobilization, or within 24-hours of a request from an authorized S-SV EMS representative in response to an EMS complaint/investigation related to an incident. I further attest that any patient transport vehicle used in the provision of EMS services within the S-SV EMS region is mechanically sound and that our EMS personnel agree not to transport any patient from the incident directly to an acute care hospital without the direction/approval of the applicable IC, MedL, or authorized designee.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date