| | Paramedic IFT Optional Skills Provider Application | 441-A |
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| 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 | |
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| Date application received: | Program approval date: |
| Reviewed/approved by: | |