

# **Mountain-Valley EMS Agency**

## **Special Event Coverage Application**

### **ALS Service Provider**

#### **Check List**

- \_\_\_\_\_ Reviewed Mountain-Valley EMS Agency Special Event Coverage Policy # 570.71
- \_\_\_\_\_ Submitted completed application to the Mountain-Valley EMS Agency at least 7 days prior to the special event.
- \_\_\_\_\_ Made all necessary arrangements with local base hospital for medical control.
- \_\_\_\_\_ Made all necessary arrangements with local ambulance service provider(s) for dispatch, communication and transportation.
- \_\_\_\_\_ All ALS personnel have, at a minimum, temporary accreditation through the Mountain-Valley EMS Agency.
- \_\_\_\_\_ Have available fully stocked ALS ambulance or all equipment required by the Mountain-Valley EMS Agency.
- \_\_\_\_\_ Have received adequate number of Pre Hospital Report Forms from the Mountain-Valley EMS Agency.
- \_\_\_\_\_ Oriented all ALS personnel to the communication, documentation and transport requirements outlined in the Special Event Coverage Policy.
- \_\_\_\_\_ Paid application fee of \$75 and temporary accreditation fee of \$10 per ALS applicant.

Note: The application fee will cover all applications submitted by the Ambulance Company provider during the current calendar year.

# Mountain-Valley EMS Agency

## APPLICATION FOR SPECIAL EVENT COVERAGE ALS SERVICE PROVIDER

Special Event Name:
Location of Event:
Sponsor:

ALS Provider Company Name:
Address:
Contact Person:
Telephone Number: <span style="float: right;">E-Mail:</span>

Submit a statement of legal history of the provider, including litigations, criminal and civil convictions. (Check box if none)

Does your company currently provide ALS services within the State of California?

YES     NO    If yes, in what year did this service begin? \_\_\_\_\_

List all local EMS agencies in which you currently provide service:

EMS Agency	Telephone Number

List and explain any formal actions taken against the service provider by a local EMS agency. (Check box if none)

Check One Below:

- I will have \_\_\_\_\_ ALS ambulance(s) completely stocked, according to the policies of the local EMS agency in which it is based, at the site of the event.
- I will **NOT** have an ALS unit on site, but I will have all ALS equipment required by the Mountain-Valley EMS agency.

List all ALS personnel requesting temporary accreditation:

Name of Paramedic	Expiration Date of License	Currently Accredited by which EMS Agency

To your knowledge, are all above personnel licensed, accredited and in good standing within the State of California?

- YES     NO

If no, explain.

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All necessary arrangements with local base hospital for medical control have been made.

- YES     NO    If no, date this task will be accomplished \_\_\_\_\_

All necessary arrangements with local ambulance service provider(s) for dispatch, communication and transportation have been made.

YES    NO   If no, date this task will be accomplished \_\_\_\_\_

All ALS personnel have, at a minimum, temporary accreditation through the Mountain-Valley EMS Agency.

YES    NO   If no, date this task will be accomplished \_\_\_\_\_

Have received adequate number of Pre Hospital Report Forms from the Mountain-Valley EMS Agency.

YES    NO   If no, date this task will be accomplished \_\_\_\_\_

All ALS personnel have been oriented to the communication, documentation and transport requirements outlined in the Special Event Policy.

YES    NO   If no, date this task will be accomplished \_\_\_\_\_

To the best of my knowledge, the information provided in this application is true and correct.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_