

Mountain-Valley EMS Agency

Special Event Coverage Application

BLS 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 BLS personnel have, at a minimum, temporary authorization through the Mountain-Valley EMS Agency.
- _____ Have available fully stocked BLS 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 BLS personnel to the communication, documentation and transport requirements outlined in the Special Event Coverage Policy.
- _____ Paid application fee of \$75.

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 BLS SERVICE PROVIDER

Special Event Name:
Location of Event:
Sponsor:

BLS Provider Company Name:
Address:
Contact Person:
Telephone Number: E-Mail:

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

Does your company currently provide BLS 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 _____ BLS 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 a BLS unit on site, but I will have all BLS equipment required by the Mountain-Valley EMS agency.

List all EMT personnel, certified in the State of California, who will be providing care at the special event and are requesting temporary authorization:

Name of EMT	Expiration Date of Certification	Currently Certified by which EMS Agency

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

- YES NO

If no, explain.

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 BLS 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 BLS 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: _____