



Emergency Medical Services (EMS) Systems Alternate Rural Staffing Authorization Request

INSTRUCTIONS:

Contact your EMS system coordinator to determine if an Alternate Rural Staffing Authorization Request is appropriate prior to submitting this application. This form is utilized for EMS transport and non-transport providers serving rural or semi-rural populations of 10,000 or fewer inhabitants and exclusively uses volunteers or paid on-call personnel or a combination to provide patient care under the authority of an Illinois state authorized EMS system (Administrative Code 515.830 Sections h, i and j).

Date _____

Provider Name _____ Provider Number _____

Contact Person _____ Phone _____ Fax _____

Address _____ City _____

County _____ State _____ ZIP Code _____

E-mail _____

EMS System Hospital Name _____ EMS System No. _____

Our licensed EMTs are Volunteer / Unpaid Volunteer / Paid Paid

Request is for the following:

- Transport Ambulance Level: ALS ILS AEMT BLS
- Non-transport Vehicle Level: ALS ILS AEMT BLS
- Special Use Vehicle Level: ALS ILS AEMT BLS
- Limited Operation Vehicle Level: ALS ILS AEMT BLS

This request includes Alternate Response Authorization: Yes No

Request includes: Primary Response Vehicles Secondary Response Vehicles

Describe the agency's efforts to recruit and train licensed EMS personnel:

Provide the number and licensure types of personnel currently available to respond to emergency and non-emergency calls:
 _____ First Responders _____ EMT _____ AEMT _____ EMT-I _____ Paramedic



Emergency Medical Services (EMS) Systems Alternate Rural Staffing Authorization Request

EMS provider and/or EMS system future plans to meet staffing requirements under Section 515.830 g.

EMS System ONLY

This request for an Alternate Rural Staffing Authorization:

Recommended by the EMS medical director

Authorization requested is approved through _____ (Authorization not to exceed 48 months)
Date

Denied by the EMS medical director

EMS Medical Director Signature

Date

EMS System Coordinator Signature

Date

IDPH ONLY

Regional EMS Coordinator

I recommend the authorization request be: Approved Denied See attached Explanation Form

REMISC Signature

Date

Central Office ONLY

Final Determination: Approved Denied

Comments:

EMS Division Chief Signature

Date

Processed By _____

Date