



# Emergency Medical Services (EMS) Systems Special Events Request Application

This application is to be completed as an amendment to an existing EMS system plan by an ambulance provider who will be providing coverage at a specific event. The completed application and attachments should be forwarded to the EMS medical director and EMS system coordinator for review and approval. The application should then be forwarded to the Regional EMS Coordinator (REMSC) at least 45 days prior to the event.

Provider Name \_\_\_\_\_ Date \_\_\_\_\_

Provider Contact \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Ambulance License Number	VIN	Level of Care

1. Provide name(s) and license number(s) of EMT(s) for each vehicle listed above or attach a current staff roster.

Name	License Number	Name	License Number

2. Outline below how service area for vehicle(s) listed above will be covered during event. What mutual aid or backup will be provided for vehicles covering the event?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Event \_\_\_\_\_ Location \_\_\_\_\_

Number of People Expected \_\_\_\_\_ Date(s) of Event \_\_\_\_\_ Hours of Operation \_\_\_\_\_

**Attach a map of the hospital(s) to which the ambulance(s) will be transporting.**

EMS System Name \_\_\_\_\_

Name of EMS system(s) that will handle communication for event if different than above.

\_\_\_\_\_



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*I have reviewed the above request to amend the EMS System Plan and verify that this ambulance provider meets the vehicle, equipment and staffing requirements of the EMS Act, Rules and Regulations and recommend these modifications of that plan.*

\_\_\_\_\_  
EMS Medical Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
EMS System Coordinator

\_\_\_\_\_  
Date

**FORWARD THIS FORM AND ALL ATTACHMENTS TO THE REGIONAL EMS COORDINATOR FOR REVIEW.**

REMSC Review:  I Recommend       I Do Not Recommend      Date Received \_\_\_\_\_

Inspection Needed       Yes       No

Comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
REMSC Signature

\_\_\_\_\_  
Date