

Mountain-Valley EMS Agency

Special Event Coverage Application

ALS Service Provider

Check List

- _____ Reviewed and meet requirements of 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.
- _____ All necessary arrangements completed with local base hospital for medical control.
- _____ All necessary arrangements completed with local authorized ambulance dispatch center for communications and dispatch
- _____ All necessary arrangements completed with local ambulance service provider(s) for transportation.
- _____ All necessary arrangements completed with air ambulance provider for staging at the event, if appropriate.
- _____ Provide a copy of current CHP license
- _____ Provide a copy of Liability, Worker's Compensation, and State Disability Insurance policies.
- _____ 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.
- _____ All ALS personnel have received orientation on the communication, documentation, and transport requirements outlined in the Special Event Coverage Policy.
- _____ Communication, documentation, and transport plan is attached.
- _____ Paid application fee of \$175 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:
Date(s) of Event:
Sponsor:

ALS 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 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)

Application continued on next page

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: *(please attach a separate sheet of paper if necessary)*

Name of Paramedic	License Number	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.

Application continued on next page

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

YES NO If no, date this task will be accomplished _____

Name of Hospital: _____

Person with whom arrangements were made: _____

Telephone Number of Person at Hospital: _____

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

YES NO If no, date this task will be accomplished _____

Name of Ambulance Provider: _____

Person with whom arrangements were made: _____

Telephone Number of Person: _____

All necessary arrangements have been made with the authorized ambulance dispatch center.

YES NO If no, date this task will be accomplished _____

Name of Dispatch Center: _____

Person with whom arrangements were made: _____

Telephone Number of Person: _____

All necessary arrangements have been made with an air ambulance provider for staging at the event, if applicable.

YES NO If no, date this task will be accomplished _____

Name of air ambulance provider: _____

Person with whom arrangements were made: _____

Telephone Number of Person: _____

Application continued on next page

Have an adequate number of Pre Hospital Report Forms that meet the requirements of 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. A copy of the communication, documentation, and transport plan for the event must be submitted with this application.

YES NO If no, date this task will be accomplished _____

By signing this application, I agree to abide by all requirements listed in MVEMSA Policy 570.71 – Special Event Coverage. To the best of my knowledge, the information provided in this application is true and correct.

Signature: _____

Printed Name: _____

Date: _____

For Agency Use Only:

Date Application Received:		Payment Received:	
Date Approved:		Date Approval Letter Sent:	
Comments:			