

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.
- _____ All necessary arrangements have been completed with a local base hospital for medical control
- _____ All necessary arrangements have been completed with a 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 an adequate number of Pre Hospital Report Forms that meet the requirements of the Mountain-Valley EMS Agency
- _____ All BLS personnel received orientation to 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.

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:
Date(s) 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)

Application continued on next page

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

Name of EMT	Certification Number	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.

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 at Hospital of Person: _____

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(s): _____

Person(s) with whom arrangements were made: _____

Telephone Number of Person(s): _____

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

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 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

Your Agency has 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 BLS 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:			