



# Stanislaus County

## Emergency Medical Services Agency

### Special Event Coverage Application ALS Service Provider Check List

- Reviewed and meet requirements of Stanislaus County EMS Agency (SCEMSA) Special Event Coverage Policy 460.00
- Submitted completed application to SCEMSA 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 local ambulance service providers 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 Stanislaus County EMS Agency.
- Have available fully stocked ALS ambulance or all equipment required by the Stanislaus County EMS Agency.
- Have received adequate number of Pre-Hospital Report Forms from the Stanislaus County EMS Agency.
- All ALS personnel have received orientation on the communications, documentation, and transport requirements outlined in the Special Event Coverage Policy.
- Communication, documentation, and transport plan is attached.
- Paid application fee of \$196 and temporary accreditation fee of \$11 per ALS applicant.

Note: The application fee will cover all applications submitted by the Ambulance Company provider during the current calendar year.



# Stanislaus County Emergency Medical Services 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: <span style="float: right;">E-Mail:</span>

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 local EMS agency.  
 (Check box if none)

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 Stanislaus County 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.

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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: \_\_\_\_\_

Have an adequate number of Pre-Hospital Report Forms that meet the requirements of the Stanislaus County 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 Stanislaus County EMS Agency policy 460.00 - 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: