



# Stanislaus County Emergency Medical Services Agency

## Special Event Coverage Application

### BLS Service Provider

#### Check List

- Reviewed Stanislaus County EMS Agency Special Event Coverage Policy 460.00
- Submitted completed application to the Stanislaus County 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 local ambulance service provider(s) for dispatch, communication, and transportation
- All BLS personnel have at a minimum, temporary authorization through the Stanislaus County EMS Agency
- Have available fully stocked BLS ambulance or all equipment required by the Stanislaus County EMS Agency
- Have an adequate number of Pre-Hospital Report Forms that meet the requirements of the Stanislaus County 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 \$196.

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

### BLS SERVICE PROVIDER

Special Event Name:
Location of Event:
Date(s) of Event:
Sponsor:
BLS 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 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)

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 Stanislaus County 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.

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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 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: \_\_\_\_\_

Your Agency has 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 BLS personnel have been oriented to 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 the application, I agree to abide by all requirements listed in the 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:			