

Emergency Medical Services (EMS) Systems Alternate Rural Staffing and Response Authorization Request

INSTRUCTIONS:

The Alternate Rural Staffing Authorization is applicable for EMS transport and non-transport providers serving rural or semi-rural populations of 10,000 or fewer inhabitants and exclusively uses volunteers or paid on-call personnel or a combination to provide patient care under the authority of an Illinois state authorized EMS system (Administrative Code 515.830 Sections h, i and j). *Alternate Response Authorization is not limited by the population requirement.*

Date							
Provider Name				Provider Number			
Contact Person				Phone		Fax _	
Address	· · · · · · · · · · · · · · · · · · ·			C	city		
County				State_		_ ZIP Code	
E-mail							
EMS System Hospital Name				EMS System No			
Our licensed EMTs are Uolu	ınteer / Unpaid	☐ Volu	unteer / Paid	□ Pa	aid		
Request is for the following:							
☐ Transport Ambulance	Level: 🗆 ALS	☐ ILS	☐ AEMT	BLS			
☐ Non-transport Vehicle	Level: ALS	☐ ILS	☐ AEMT	BLS			
☐ Special Use Vehicle	Level: ALS	☐ ILS	☐ AEMT	BLS			
☐ Limited Operation Vehicle	Level: ☐ ALS	□ ILS	☐ AEMT	☐ BLS			
This application request is for:	Alternate Rural		□ Yes □ Yes	□ No			
Request includes: ☐ Primary Response Vehicles ☐ Secondary Response Vehicles							
Describe the agencies extensive	e efforts to recruit	and train	n licensed E	MS perso	onnel:		
Provide the number and licensury First Responders	• • • • • • • • • • • • • • • • • • • •	nnel curr EMT	ently availal EMT-I	-	oond to en aramedic	nergency and no	n-emergency calls:



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EMS provider and/or EMS system future plans to meet staffing requirements under Section 515.830 g.					
EMS System ONLY					
□ Recommended by the EMS medical director Authorization requested is approved through □ Denied by the EMS medical director	(Authorization not to exceed 48 months)				
EMS Medical Director Signature	Date				
EMS System Coordinator Signature	Date				
IDPH ONLY					
Regional EMS Coordinator I recommend the authorization request be: ☐ Approved ☐ Denied	☐ See attached Explanation Form				
REMSC Signature	Date				
Central Office ONLY Final Determination: ☐ Approved ☐ Denied Comments:					
EMS Division Chief Signature	Date				
Processed By	Date				