

EMS System Information Sheet

Responses are **required** for each item below, or attach documentation if your selection is indicated as "Other – See attached explanation". More than one response may be indicated.

If your agency is no longer providing BLS-FR EMS Response, **skip to the bottom of this page** and check "**Our agency is no longer providing EMS**". No other documents will be necessary.

Please check each applicable response to the following questions and be sure to complete the **BLS-FR Agency Information Update Form**. – *Thank You!*

Service Dispatches to medical emergencies are provided by:

- Regional, County, Local or Government 911 Public Safety Dispatch Center
- Local Ambulance Service
- Self Dispatched
- Other – See attached explanation

QA/QI for patient care rendered by members of our agency is accomplished by:

- Participation agreement with transporting ambulance(s)
- Local or County QA/QI program
- Regional QA/QI Program
- A physician affiliated or contracted by our agency
- Own Agency Members
- QA/QI is not done for patient contacts
- Other – See attached explanation

Types of Calls for which an EMS response is provided by our agency includes:

- All EMS Calls within coverage area
- All Priority / Urgent Medical Need calls as determined by Dispatch and/or EMD system
- All EMS Calls for which assistance is requested by transporting ambulance
- All Calls which our agency otherwise responds to at which a medical need is discovered
- Other – See attached explanation

Authority for the EMS response provided by our agency is documented in writing by:

- The CEO of the City, Town, or Village of the Municipality served by our agency.
- The Executive body or supervisor of our county.
- A board of Commissioners appointed / elected in charge of the District served
- The CEO or Operations Officer of our service
- Other – See attached explanation

The minimum level of medical training required for members to provide patient care is:

- Emergency Medical Technician (EMT) or higher Certification
- Certified First Responder (CFR) or higher certification
- First Aid with CPR or higher certified training
- CPR or higher certified training
- No officially recognized medical training required
- Other – See attached explanation

(Please print legibly)

Name of Service or Agency: _____

NYSDOH BLSFR Agency Code: _____

Name of Agency Representative / Title: _____

Signature: _____ Date: _____

- Our Agency is no longer providing EMS.** As an authorized representative or Chief Operations Officer I hereby surrender the EMS Agency ID number issued to my agency.