



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 _____ City _____
County _____ State _____ ZIP Code _____
E-mail _____
EMS System Hospital Name _____ EMS System No. _____

Our licensed EMTs are [] Volunteer / Unpaid [] Volunteer / Paid [] Paid

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 Staffing: [] Yes [] No
Alternate Response Authorization: [] Yes [] No

Request includes: [] Primary Response Vehicles [] Secondary Response Vehicles

Describe the agencies extensive efforts to recruit and train licensed EMS personnel:

Provide the number and licensure types of personnel currently available to respond to emergency and non-emergency calls:
_____ First Responders _____ EMT _____ AEMT _____ EMT-I _____ Paramedic



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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 _____ (Authorization not to exceed 48 months)
Date
- Denied by the EMS medical director

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 _____