



Emergency Medical Services (EMS) Systems Ambulance Staffing Waiver Request Application

INSTRUCTIONS:

Regulations require that a provider shall staff its ambulance service 24 hours a day, every day of the year. Each individual vehicle within the ambulance service shall not be required to be staffed 24 hours a day, but **at least one vehicle for each licensed level of care covered by the license must be staffed at all times**. Personnel may be on site or on call. Advanced Life Support (ALS) vehicles may provide coverage at an ALS or Basic Life Support (BLS) level. **Contact your regional EMS coordinator to determine if a staffing waiver is necessary prior to submitting this application.**

COMPLETE AND SUBMIT THE FOLLOWING FOR EACH VEHICLE REQUESTING A STAFFING WAIVER.

Date _____

License Number _____ Local ID Number _____ VIN _____

Provider Name _____

Contact Person _____ Phone _____ Fax _____

Address _____ City _____

County _____ State _____ ZIP Code _____

E-mail _____

EMS System Hospital Name _____

Our licensed EMTs are Volunteer / Unpaid Volunteer / Paid Paid

Detail exact nature of staffing waiver request

Length of waiver requested (12 month maximum) _____ months

Vehicle Level of Care BLS B/D ILS ALS

Hours vehicle will be staffed

From _____ a.m. p.m. to _____ a.m. p.m. ___ days a week **OR Describe:**

Vehicle Level of Care BLS B/D ILS ALS

How will this vehicle be staffed at times **other** than indicated above?

From _____ a.m. p.m. to _____ a.m. p.m. ___ days a week **OR Describe:**



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On what date will this vehicle provide its licensed level of care 24 hours / 365 days a year?

Attach to this waiver: Your detailed plan to accomplish 24 hours / 365 days a year service.

How will the community be advised of the change in service (describe below)?

Attach a copy of the announcement, if applicable.

Attach a sheet listing each of your licensed ambulance vehicles providing the following:

- 1. License number
- 2. VIN
- 3. Local ID number
- 4. Licensed level of care
- 5. Hours of operation
- 6. Staff roster
- 7. Six (6) weeks of a sample staffing schedule

EMS System ONLY

I have reviewed the attached action plan proposed for this ambulance vehicle(s) and find that it complies with our EMS system plan and the EMS act.

This request for a vehicle staffing waiver

Complies Does NOT comply with our system staffing requirements.

EMS Medical Director Signature

Date

EMS System Coordinator Signature

Date

Regional EMS Coordinator ONLY

I recommend the waiver request be Approved Denied See attached Waiver Explanation Form

REMSC Signature

Date

Central Office ONLY

Final Determination: Approved Denied

Comments:

EMS Division Chief Signature

Date

Processed By _____

Date _____