



OSF
HEALTHCARE

East Central Illinois EMS

In Field Service Level Upgrade Application

Agency Name/Number: _____ Date: _____

Population of primary response area: _____

1. Attach a current personnel roster which includes provider name, license number and level and expiration date.
2. Describe the manner in which Advanced Life Support equipment, supplies and medications will be stored, secured and environmentally controlled.

The Provider's signature verifies a commitment to the following:

1. We verify that the population of our primary response area is 7,500 or fewer.
2. We agree to only advertise the level of care that can be provided 24 hours a day.
3. We agree to have all upgraded vehicles inspected annually by IDPH.
4. We agree to file an appropriate EMS run sheet for each emergency call, as required by the EMS System.
5. We agree to maintain the required equipment, in working order at all times, and to carry and store properly, medications and equipment required by the EMS System.
6. We agree to follow the EMS System policy on Controlled Substances (if applicable).
7. We agree to follow the EMS System QA plan.
8. We agree to allow the EMS System or IDPH access to all records, equipment, and vehicles relating to the EMS System during any inspection or investigation by the EMSMD or their designee to determine compliance with the EMS System program plan.

Provider Signature: _____ Date: _____

EMS SYSTEM APPROVAL:

I have reviewed this application for In Field Service Level Upgrade and verify that it meets all requirements of the IDPH Administrative Rules Section 515.833 In-Field Service Level Upgrade and our EMS System Plan for the requested level of care. I recommend approval of this request.

EMS Medical Director's Signature: _____ Date: _____

EMS System Coordinator's Signature: _____ Date: _____