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Name of Life Support Agency

**Basic** _____ **LALS** _____ **ALS** _____
Level of Medical Privilege Requested

The applicant agency agrees to the following requirements for approval of medical privileges under the supervision of the Monroe County Medical Control Authority:

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| 1. | The service and its vehicles comply with all rules, regulations and policies of the Michigan Department of Community Health, the Monroe County Emergency Medical Authority, the Monroe County Disaster Plan, local ordinances and medical control protocols relating to the provision of emergency medical services. | ☐ |
| 2. | Each vehicle is equipped with properly maintained communications equipment, and which is compliant with the Monroe County Communications Plan, MCMCA protocols and the MDCH MEDCOM plan. | ☐ |
| 3. | Emergency (911) response at the appropriate level is available 24 hours a day, 7 days per week in the designated service area. | ☐ |
| 4. | Each ambulance is staffed with MCMCA credentialed personnel. | ☐ |
| 5. | The service agrees to adhere to all MCMCA protocols, procedures and policies, will participate in PSRO proscribed quality improvement programs, and will comply with other guidelines established by the MCMCA. | ☐ |
| 6. | Ambulance equipment meets MDCH and MCMCA standards. | ☐ |
| 7. | All ambulances, primary and back-up, are in satisfactory condition as documented by a certified mechanic. An inspection report for each vehicle is attached to this application. | ☐ |
| 8. | The service agrees to identify each emergency response vehicle using standard terminology and the MCMCA uniform numbering system. | ☐ |
| 9. | The service agrees to cooperate with existing services to coordinate services (mutual aid) throughout the county. The service's vehicles will function within its designated service area to produce continuous service coverage, and agrees to be moved appropriately within the system to best serve the community. | ☐ |
| 10 | The service has attached documentation (through run volume projections, personnel rotation or other acceptable means) that its ambulances will be staffed with personnel who have acceptable levels of prehospital experience. | ☐ |
| 11. | The service has attached documentation of demonstrable experience in the provision of prehospital care at the level of this application | ☐ |

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| 12. | The service has attached documentation of appropriate back-up coverage, through acceptable means such as mutual aid agreements and/or multiple vehicles. | ☐ |
| 13. | The service agrees to participate in community education programs such as CPR, EMS lectures, education programs for other agencies, etc. | ☐ |
| 14. | The agency has attached a 60 day work schedule for the personnel for each ambulance within the application. | ☐ |
| 15. | The agency has attached the following documentation | |
| | Name, address and business phone number of the applicant and the owner of the vehicles. | ☐ |
| | A description of all vehicles to be authorized, including make, model, year of manufacture, Michigan license plate number, color scheme and markings. | ☐ |
| | The location and description of agency facilities, including offices, crew quarters, vehicle quarters located within the designated service area. | ☐ |
| | The proposed date for implementation of services. | ☐ |
| | Application received minimum 90 days prior to service implementation. | ☐ |
| | The ambulance operation license number issued by the State of Michigan for the service. | ☐ |
| | A personnel list with licensure expiration date, level of license, and social security number. | ☐ |
| 16. | The service has attached proofs of insurance (worker's compensation and liability). | ☐ |
| 17. | The agency has attached a letter of support from the municipality for which it intends to provide 24 hour / 7 day emergency medical service response. | ☐ |
| 18. | The agency has attached its comprehensive communications plan, including types and platforms of its radio equipment compatible with medical control and Monroe County Central Dispatch. | ☐ |

The undersigned attests to the accuracy of the above information and attachments.

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Application Agency Representative Name (Print)

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Application Agency Representative Signature