



**NORTHERN CALIFORNIA EMS, INC.**

930 Executive Way Suite 150, Redding, CA 96002-0635  
 Phone: (530) 229-3979 Fax: (530) 229-3984

**REQUEST FOR TEMPORARY RECOGNITION OF OUT-OF-STATE  
 EMS PERSONNEL RESPONDING ON MUTUAL AID IN CALIFORNIA**

Authorization for recognition is requested for the following emergency medical personnel assigned to \_\_\_\_\_ Incident. The identified personnel will provide emergency medical and health care services for incident personnel.

It is anticipated that personnel may be providing these services for up to: \_\_\_\_\_ Days.

	Name	Certification Level	State	NREMT/State Number
1		EMT AEMT Medic		
2		EMT AEMT Medic		
3		EMT AEMT Medic		
4		EMT AEMT Medic		
5		EMT AEMT Medic		
6		EMT AEMT Medic		
7		EMT AEMT Medic		
8		EMT AEMT Medic		
9		EMT AEMT Medic		
10		EMT AEMT Medic		

The above individual(s) will be assigned starting on \_\_\_\_\_

The primary agency/unit jurisdictional authority is: \_\_\_\_\_

**ALS Personnel note: Surgical Cricothyrotomy and Rapid Sequence Intubation (RSI) are not within scope of practice in the Nor-Cal region and shall not be performed.**

\_\_\_\_\_  
 Medical Unit Leader-Print Name                      (       )  
    Telephone Number                      and                      Email

**I attest that I have physically examined the certifications/licenses of the above individuals.**

\_\_\_\_\_  
 Medical Unit Leader-Signature                      Date

\_\_\_\_\_  
 Jeffrey Kepple, MD, Medical Director  
 Nor-Cal EMS Approval                      Date

**PLEASE E-Mail to [mail@norcalems.org](mailto:mail@norcalems.org) or fax to 530-229-3984**