



**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 Date
 Nor-Cal EMS Approval

**PLEASE E-Mail to mail@norcalems.org or fax to 530-229-3984
 Contact the Duty Officer with any questions 530-691-1321**