



**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:** Any non-California skill, such as surgical airway, will not be utilized unless it is an immediate life threat. Any paramedic administering medication or performing a skill not currently approved by Nor-Cal EMS must accompany the patient to a provider with that skill set or medication (such as a flight nurse) or to the receiving facility.

\_\_\_\_\_  
 Medical Unit Leader-Print Name

\_\_\_\_\_  
 Medical Unit Leader- Telephone Number & 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**  
**Contact the Duty Officer with any questions 530-229-3983**