

**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 the _____ 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. Use additional sheets as needed. Complete multiple pages as needed. **All information MUST be completed prior to submission for ALL OUT OF STATE RESOURCES.**

	Name:	Certification Level (Circle One):	State	NREMT/ State #	Employer	Employer Physical Address & Phone #	Employer Medical Director
1.		EMT AEMT Paramedic					
2.		EMT AEMT Paramedic					
3.		EMT AEMT Paramedic					
4.		EMT AEMT Paramedic					
5.		EMT AEMT Paramedic					

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.

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Medical Unit Leader-Print Name Telephone Number and Email

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

Medical Unit Leader Signature

Date

Gregory Kann, MD, Medical Director

Date

Nor-Cal EMS Approval

Please email completed forms to dutyofficer@norcalems.org. Duty officer contact number is **530-229-3983**

