



INLAND COUNTIES EMERGENCY MEDICAL AGENCY
Serving San Bernardino, Inyo and Mono Counties
515 N ARROWHEAD AVENUE
SAN BERNARDINO, CA 92415-0060
909-388-5823 FAX: 909-388-5825

**APPLICATION FOR APPROVAL AS AN ICEMA DESIGNATED
ST-ELEVATION MYOCARDIAL INFARCTION (STEMI) RECEIVING CENTER**

Please refer to "Criteria for Designation as a STEMI Receiving Center" to assist with completion of this application.

Application Fee: \$5,000

I. HOSPITAL INFORMATION

- A. Hospital Name: _____
- B. Address: _____
Number & Street City State Zip
- C. Contact Name: _____
Title
- D. Phone/EMAIL: _____

II. ADMINISTRATION

- A. Name of proposed STEMI Program Co-Medical Director: _____
(please attach resume)
1. Board-certified in Emergency Medicine? Yes No
2. Board-certified in Cardiology? Yes No
- B. Name of proposed STEMI Program Co-Medical Director: _____
(please attach resume)
1. Board-certified in Emergency Medicine? Yes No
2. Board-certified in Cardiology? Yes No
- C. Name of proposed STEMI Program Nursing Director: _____
(please attach resume)
- Title: _____ Phone #/Email: _____
- D. Catheterization Lab Contact *(if different from above)*:
- Name _____ Title: _____
- Phone #/ _____ Email: _____

**LIST OF CARDIOLOGISTS WITH PCI CAPABILITIES
PROPOSED FOR CALL FOR EMS DELIVERED
PATIENTS**

<u>Physician Name</u>	<u>Hospitals Privileged for PCI</u>	<u>PCIs per year</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**LIST OF CARDIOVASCULAR SURGEONS PROPOSED
FOR CALL FOR EMS DELIVERED PATIENTS**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Submit the completed application and fee to ICEMA at the address listed, attention to Sherri Shimshy RN. Direct any questions to her at 909-388-5816 or SShimshy@cao.sbcounty.gov.