

SPECIALTY AND OPTIONAL SCOPE PROGRAM APPROVAL APPLICATION

PROVIDER IN		New	Renewal	Update	
Name: Address:					
•	Number & Street		City		State Zip
ADMINISTRA	ΓΙΟΝ				
Name of Proposed Medical Director: Phone:					
 PROGRAM DETAILS (ICEMA Reference #s 4030 and 4080 - Pr Submit the following for program review: Complete application. A statement demonstrating a need for the program. Description of the geographic area the specialty program will be implemented in. A description when the program will operate (special events, 24/7) and how implemented. A description of how the program will interface with the EMS System and 9-1-1. A description of the training related to the specialty program. List of employees participating in the program. (Notify ICEMA within 10 days of any changes.) A detailed description of any deviation from the Standard Drug & Equipment list. Provide detail of how equipment and drugs will be transported and stored. A Quality Improvement plan and process for reporting any deviations. Additional items may be requested upon review. 				Type of Program: Mobile Medic (bicycle, motorcycle, ATV, boat, etc.) Tactical Medicine for Special Operations Program Other Specialty/Optional Scope Program (specify) Additional requirements for Mobile Medics A statement indicating compliance with DMV required personal safety equipment. A list of the type of vehicles utilized. Type of PCR utilized and process for transfer in the field. Type of communication equipment.	
Completed by (P	rint Name):			Date:	
(ICEMA Use Or	• .		, xy 101	1 15:	D. C. D.
Date Receive	d Reviewed B	Sy Red	quirements Verified	Approval Date	Expiration Date
Comments:	•	•			