

ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF EMERGENCY MEDICAL SERVICES AND HIGHWAY SAFETY  
REQUEST TO MODIFY / AMEND SYSTEM PLAN

**SPECIAL EVENTS FORM**

This form is to be completed as an amendment to an existing EMS system plan by an ambulance provider who will be providing coverage at a specific event. The completed form and attachments, if appropriate, should be forwarded to the EMS System medical director for review and approval and then forwarded to the regional EMS coordinator. Please submit 45 days prior to event.

Ambulance Provider Name \_\_\_\_\_ Date \_\_\_\_\_

Provider City / State / ZIP \_\_\_\_\_

<u>Ambulance License / SEMSV No.</u>	<u>Last 4 VIN Nos.</u>	<u>Level of Care</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Provide name(s) of EMTs for each vehicle and their license numbers.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Outline below how service area for vehicle(s) listed above will be covered during event.  
What mutual aid or backup will be provided for vehicles covering the event?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Event \_\_\_\_\_

Location \_\_\_\_\_

Number of People Expected \_\_\_\_\_

Date of Event \_\_\_\_\_

Hours of Operation \_\_\_\_\_

Map of hospitals that ambulances will be transporting to.

EMS System Name \_\_\_\_\_

Name of EMS system that will handle communications for event if different than above.

\_\_\_\_\_

EMS Medical Director \_\_\_\_\_

I have reviewed the above request to amend the EMS System plan and verify that this ambulance provider meets the vehicle, equipment and staffing requirements of the EMS act, rules and regulations and recommend modification of the plan.

EMS Medical Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

Forward this form and attachments to the regional EMS coordinator for review.

Approve       Disapprove

Inspection Needed     Yes       No      Date Received \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

Regional EMS Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

Central Office Review       Approved       Disapprove

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Approval Letter Sent (Date) \_\_\_\_\_