



Emergency Medical Services (EMS) Systems Request to Modify / Amend Approved System Plan

This form is to be completed to request an amendment to a currently approved EMS system plan and a currently approved provider. Incomplete applications will be returned to the resource hospital for completion.

Provider Name: _____ Provider Number: _____

Provider Address: _____ City/State: _____

Contact Name: _____ Phone Number: _____

Resource Hospital Name: _____ System Number: _____

Use List Box to Select appropriate items:

| License Number | VIN# | Request To: | Provider/Vehicle | Provider Type | Current Level | Requested Level |
|----------------|------|-------------|------------------|---------------|---------------|-----------------|
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- Modify Response Area of Above Provider.** List changes on separate sheet and attach. Include description of response area, map indicating each vehicle response area, square miles, population, location of resource/associate hospital, and vehicle information.
- Modify Access and Dispatch Procedures and Mechanisms** (Describe on a separate sheet and attach)
- Additional or Replacement Vehicles** (Illinois Department of Public Health inspection required)
- Infield Upgrade Request, System Change or Other** (Describe below)

Signature of Applicant: _____ Date: _____

EMS System Approval

I have reviewed the above request and verify that this license meets the vehicle, equipment and staffing requirements of the regulations and our EMS system plan for the requested level of care, and recommend approval of this application.

EMS Medical Director/EMS System Coordinator: _____ Date: _____

REMASC Review Approved Not Approved

Regional EMS Coordinator Signature: _____ Date: _____

Ambulance Section Review Approved Not Approved

Ambulance Section Signature: _____ Date: _____

Processed on _____ Date: _____