

NORTH CAROLINA ASSOCIATION OF RESCUE & EMERGENCY MEDICAL SERVICES, INC.

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CERTIFICATE OF ELIGIBILITY

MEDICAL RESPONDER UNIT

*** PLEASE PRINT OR TYPE

NAME OF DEPARTMENT _____ DATE _____

MAILING ADDRESS _____ ST. ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

DEPARTMENT EMAIL ADDRESS _____

COMM CENTER PHONE #() _____ BUSINESS PHONE #() _____

DEPARTMENT CELL PHONE #() _____ FAX # _____

CAPTAIN/CHIEF _____ EMAIL ADDRESS _____

WORK PHONE #() _____ HOME PHONE #() _____ CELL #() _____

SECRETARY _____ EMAIL ADDRESS _____

WORK PHONE #() _____ HOME PHONE #() _____ CELL #() _____

DOES YOUR SQUAD PROVIDE?

RESCUE ONLY ___ EMS ONLY ___ EMS/FIRE ___ EMS/RESCUE ___ EMS/FIRE/RESCUE ___ FIRE/RESCUE ___

COPY OF STATE CHARTER & CONTRACT

WITH CITY / COUNTY, INDICATING DISTRICT OF AUTHORITY,

MUST ACCOMPANY THIS CERTIFICATE OF ELIGIBILITY

DEPT. NAME _____

TO BE SIGNED & NOTARIZED BY CITY OR COUNTY OFFICIAL

THIS IS TO CERTIFY THAT THE ABOVE NAMED RESCUE PROVIDER IS AN ACTIVE OPERATING SERVICE,
OPERATING IN:

_____ CITY OR COUNTY

_____ SIGNED

COUNTY OR CITY OFFICIAL

_____ TITLE

(NOTARY SEAL)

COUNTY OF _____ STATE OF _____

ON THE _____ DAY OF _____ 20_____, APPEARED BEFORE ME THE SAID INDIVIDUAL DESCRIBED
HEREIN AND WHO EXECUTED THE FOREGOING INSTRUMENT, AND HE (OR SHE) DULY ACKNOWLEDGED TO ME THAT HE (OR SHE)
EXECUTED SAME AND THAT THE STATEMENT THEREIN CONTAINED WERE TRUE TO THE BEST OF HIS (OR HER) KNOWLEDGE AND
BELIEF.

MY COMMISSION EXPIRES: _____ NOTARY PUBLIC

TO BE SIGNED & NOTARIZED BY DEPARTMENT OFFICIAL

THIS IS TO CERTIFY THAT THE ABOVE NAMED RESCUE PROVIDER IS AN ACTIVE OPERATING SERVICE:

_____ SIGNATURE, SQUAD OFFICIAL

_____ TITLE

(NOTARY SEAL)

COUNTY OF _____ STATE OF _____

ON THE _____ DAY OF _____ 20_____, APPEARED BEFORE ME THE SAID INDIVIDUAL
DESCRIBED HEREIN AND WHO EXECUTED THE FOREGOING INSTRUMENT, AND HE (OR SHE) DULY ACKNOWLEDGED TO ME THAT HE (OR
SHE) EXECUTED THE SAME AND THAT THE STATEMENTS THEREIN CONTAINED WERE TRUE TO THE BEST OF HIS (OR HER) KNOWLEDGE
AND BELIEF.

MY COMMISSION EXPIRES: _____ NOTARY PUBLIC

BOTH SIGNATURES ARE REQUIRED

MINIMUM STANDARD REQUIREMENTS - NCAR&EMS

MEDICAL RESPONDER UNIT

1. MINIMUM PERSONNEL / ORGANIZATION REQUIREMENTS:

PLEASE PROVIDE VERIFICATION OF CERTIFICATION OF THE EIGHT (8) PERSONNEL HOLDING NCOEMS CREDENTIALS. VERIFICATION EXAMPLES MAY INCLUDE, BUT ARE NOT LIMITED TO CERTIFICATES, TRANSCRIPTS, ETC.

A MINIMUM OF EIGHT (8) PERSONNEL WHO ARE AT LEAST 18 YEARS OF AGE, SHALL BE CERTIFIED AS NCOEMS MEDICAL RESPONDERS OR HIGHER AS SPECIFIED BY THE AHJ PRIOR TO CERTIFICATION IN THIS AREA. Note: If certification is less than NCOEMS Medical Responder the AHJ shall certify this is their approved level of service.

2. TYPE OF RESCUE TO PERFORM:

AS SPECIFIED BY THE CONTRACT WITH THE AHJ

3. VEHICLE:

VEHICLE(S) SHALL BE CAPABLE OF TRANSPORTING RESCUE PERSONNEL AND EQUIPMENT TO AN INCIDENT SAFELY AND CANNOT EXCEED THE VEHICLE'S TOTAL GVWR, INCLUDING THE CHASSIS, BODY, AND MEDICAL CARE EQUIPMENT WHEN LOADED. ALL EQUIPMENT SHALL BE LOADED ON APPARATUS AND RESPONSE READY.

4. MINIMUM REQUIRED EQUIPMENT: DEPT. NAME _____

NCAR&EMS, INC.,
REPRESENTATIVE _____ DATE: _____

APPROVED: _____ YES _____ NO INSPECTOR'S SIGNATURE: _____

YOU MUST HAVE EACH OF THE FOLLOWING ITEMS TO MEET ELIGIBILITY REQUIREMENTS FOR CERTIFICATION.

- _____ B/P CUFFS, 1-ADULT & 1-CHILD
 - _____ STETHOSCOPE, 1-ADULT & 1-CHILD
 - _____ EXAM GLOVES
 - _____ 1 POCKET MASK
 - _____ 1 PAIR SCISSORS 5 1/2"
 - _____ 4 5" X 9" ABD PADS
 - _____ 4 3" X 8" ADAPTIC PADS (VASELINE GAUZE OR ASHERMAN CHESTSEALS)
 - _____ 10 BAND AIDS
 - _____ 4 2" KLING
 - _____ 4 4" KLING
 - _____ 3 ROLLS 1" TAPE
 - _____ 4 TRIANGULAR BANDAGES
 - _____ 12 4"X4" BANDAGES
 - _____ 1 BOTTLE STERILE WATER 500 ML
 - _____ 1 EACH PORTABLE SUCTION DEVICE, UNIT W/RIGID TIP OR SOFT TIP SUCTION CATHETER
 - _____ 6 AIRWAYS 55MM TO 115MM
 - _____ 1 O2 CYLINDER W/FLOW & CONTENT GUAGE
 - _____ 2 O2 MASKS & NASAL CANNUALS W/DELIVERY TUBES, ADULT & CHILD
 - _____ 2 SETS OF RIGID SPLINTS (2 FULL ARM & 2 FULL LEGS)
 - _____ 1 AED
 - _____ 1 RADIO WITH CAPABILITIES TO COMMUNICATE WITH LOCAL AHJ
 - _____ 1 SET OF INCIDENT COMMAND FORMS PER
- AHJ Download these at <http://www.fema.gov/emergency/nims/JobAids.shtm>