

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

P.O. BOX 1914, GOLDSBORO, N.C. 27533-1914 TELEPHONE: 919/736-0506 FAX: 919/736-7759

E-MAIL: ncarems@ncarems.org

STATEMENT 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 ___

DOCUMENTS NEEDED TO CERTIFY & MUST ACCOMPANY THIS STATEMENT OF ELIGIBILITY:

- 1) COPY OF STATE CHARTER**
- 2) AUTHORITY TO OPERATE WITH CITY/COUNTY**

AUTHORITY TO OPERATE

TO BE SIGNED & NOTARIZED BY CITY OR COUNTY OFFICIAL

THIS IS TO CERTIFY THAT _____
Name of Department

IS AN ACTIVE OPERATING SERVICE, OPERATING IN _____ CITY
OR COUNTY AND IS HEREBY AUTHORIZED TO PROVIDE **MEDICAL RESPONSE** IN THE ABOVE MENTIONED
CITY OR COUNTY.

COUNTY OR CITY OFFICIAL PRINT NAME _____ SIGNED

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 _____
Name of Department

IS AN ACTIVE OPERATING SERVICE, OPERATING IN _____ CITY
OR COUNTY AND IS HEREBY AUTHORIZED TO PROVIDE **MEDICAL RESPONSE** IN THE ABOVE MENTIONED
CITY OR COUNTY.

DEPARTMENT OFFICIAL PRINT NAME _____ SIGNED

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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:

NUMBER OF PERSONNEL WITH CERTIFICATION

(ENTER NUMBER OF PERSONNEL WITH EACH CERTIFICATION)

FIRST RESPONDER - _____ MEDICAL RESPONDER - _____ EMT - _____

EMT-I - _____ EMT-P - _____ RESCUE CERTIFIED - _____ RN/MICN - _____

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 3 PED & 3 ADULT
- _____ 1 O2 CYLINDER W/FLOW & CONTENT GUAGE
- _____ 2 O2 MASKS & NASAL CANNUALS W/DELIVERY TUBES, ADULT & CHILD
- _____ 2 UPPER/LOWER EXTRIMITY IMMOBILIZATION DEVICES
- _____ 1 AED
- _____ 1 RADIO WITH CAPABILITIES TO COMMUNICATE WITH LOCAL AHJ
- _____ 1 SET OF INCIDENT COMMAND FORMS PER AHJ Download these forms at the following link which: <http://www.ncarems.org/standards.php>