

The following are guidelines to assist your Service in the development of several plans which will need to be included with your Provider Application for license pursuant to the new EMS Rules.

**CHECKLIST FOR DEVELOPMENT OF EMD PLAN
FOR INCLUSION WITH YOUR PROVIDER APPLICATION**

- () Current status of EMD trained call-takers and/or dispatchers.
- () Number of current EMD trained call-takers and/or dispatchers.
- () Actual or approximate number of call-takers and/or dispatchers who will need EMD training.
- () How your Service plans to ensure all call-takers and/or dispatchers are trained in EMD.
- () Explanation of plans to work with call-taking and/or dispatching agency(ies) (IF APPLICABLE).
- () Obstacles encountered in working with call-taking and/or dispatching agency (ies) in efforts to meet the EMD requirement (IF APPLICABLE).
- () Explanation of plans to work with call-taking and/or dispatching agency(ies) to work through obstacles encountered, and how these obstacles may be overcome (IF APPLICABLE).
- () EMD Educational Program(s) selected, through which personnel will be trained in EMD, to ensure all emergency calls are received and/or dispatched by Emergency Medical Dispatchers (IF KNOWN).
- () Projected timelines for EMD training of call-takers and/or dispatchers.

Example: By _____ (date), our Service plans to have _____% of our call-takers and/or dispatchers trained in EMD.

Type of Course: Powerphone, APCO, etc.: _____

County Dispatch Agency (911) Name: _____

Contact Person: _____

24 Hr. Phone: _____

E-mail Address: _____