

Community Integrated Paramedicine

EMS Special Study Application

Section 1	<p>Instructions: Complete and submit via email to the Bureau of EMS, Trauma and Preparedness Community Integrated Paramedicine Coordinator.</p> <p>Required additional documents: 1) MCA Medical Director letter of support</p>
A) Proposed CIP program title:	
B) EMS agency information	<p>Agency Name:</p> <p>Physical Address:</p> <p>Agency Licensure Level: ALS Transporting ALS Non-transporting</p> <p style="padding-left: 150px;">BLS Transporting BLS Non-transporting</p>
C) Primary contact for application process:	<p>Name:</p> <p>Email:</p> <p>Phone: Ext:</p>
<p>D) Proposed generalized goals of the special study: (3 required):</p> <p>Goal:</p> <p>Goal:</p> <p>Goal:</p> <p>Additional:</p>	

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E) Medical Control Authority (MCA) information:	Primary MCA: MCA Medical Director: <div style="text-align: center;">Medical Director letter of support attached</div> Does the EMS agency requesting special study status have medical privileges outside of the above-named MCA? <div style="text-align: center;">Yes No</div> Please describe the area and circumstances:		
F) Describe the qualifications and selection process for personnel to participate in the special study initial education:			
G) Number of personnel to be trained ?		H) Anticipated source of initial education:	
I) Proposed time period for initial education:		J) Proposed program implementation date:	
Additional comments and/or attachment			
Electronic signature of submitter:		Date of submission:	

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Section 2	<p>Instructions: Complete and submit via email to the Bureau of EMS, Trauma and Preparedness Community Integrated Paramedicine Coordinator.</p> <p>Required additional documents: 1) Community assessment summary. Optional documents: 2) CIP Medical Director CV 3) MCA letter of agreement 4) CIP Medical Director letter of agreement</p>
Section 1 changes	
<p>K) Community assessment resources: (3 required)</p>	<p>1)</p> <p>2)</p> <p>3)</p> <p>Additional resources:</p> <p style="text-align: center;">Summary of community assessment findings attached</p>
<p>L) Major stakeholders and participants: (at least 1 is required)</p>	<p>1)</p> <p>2)</p> <p>3)</p> <p>Additional stakeholder and participants:</p>

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M) CIP Program Medical Director:	<p>Will the CIP Program Medical Director be the MCA Medical Director or Alternate Medical Director?</p> <p style="text-align: center;">Yes No</p> <p>If 'No' was selected please complete the below area regarding the proposed CIP Program Medical Director.</p> <p>Name:</p> <p>Email:</p> <p>Primary work description:</p> <p style="text-align: center; margin-top: 20px;">CIP Program Medical Director CV attached</p> <p style="text-align: center; margin-top: 20px;">Letter of agreement from MCA Medical Director attached</p> <p style="text-align: center; margin-top: 20px;">Letter of agreement from proposed CIP Program Medical Director attached</p>
N) EMS agency oversight personnel:	<p>Name:</p> <p>Email:</p> <p>Phone: Ext:</p> <p>Title:</p>
O) Other critical oversight personnel if applicable:	<p>Name:</p> <p>Email:</p> <p>Phone: Ext:</p> <p>Organization:</p> <p>Title:</p>

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P) Medical Oversight Plan:

1) List the individuals and organizations that will be designated by, or participate with, the Medical Control Authority to provide medical oversight for the special study.

2) Describe the nature and frequency of the anticipated oversight that will be provided by the above group(s) or physicians.

<p>Additional comments and/or attachments</p>			
<p>Electronic signature of submitter:</p>		<p>Date of submission:</p>	

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Section 3	<p>Instructions: Complete and submit via email to the Bureau of EMS, Trauma and Preparedness Community Integrated Paramedicine Coordinator.</p> <p>Required additional documents: 1) Goals and Objectives 2) Protocols 3) Personnel Roster</p> <p>Optional documents for geographical service (Section R): 1) Protocol 2) MCA Agreement 3) Agency Notification</p>			
Section 2 changes				
Q) Program goals/targets and actionable plans:	<p>Please complete section S as an attachment</p> <ol style="list-style-type: none"> 1) CIP program goal: 2) Plan of action to achieve goal: 3) Related protocols: 4) Specific metrics to be collected: 5) Describe the mechanism for the data collection 6) Anticipated outcomes: <p style="text-align: center;">Steps 1-6 for each program goal attached</p>			
R) Geographical location(s) included in the special study:	<p style="text-align: center;">Only areas within the primary geographic service area</p> <p style="text-align: center;">Will include areas outside the primary geographic service area</p> <table style="width: 100%; margin: 10px auto;"> <tr> <td style="width: 33%; text-align: center;">Protocol</td> <td style="width: 33%; text-align: center;">MCA Agreements</td> <td style="width: 33%; text-align: center;">Agency Notification</td> </tr> </table> <p>Describe the geographical area:</p>	Protocol	MCA Agreements	Agency Notification
Protocol	MCA Agreements	Agency Notification		
S) Protocols:	<p>How many protocols are being submitted to QATF for review?</p> <p style="text-align: center;">Protocols attached</p>			



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T) Personnel of special study:	Number of personnel trained? Roster attached	U) Program implementation date:	
Additional comments and/or attachments			
Electronic signature of submitter:		Date of submission:	
For State of Michigan Use Only:			
Section 1 approval by Division of EMS		Date:	
Section 2 approval by Division of EMS		Date:	
Section 3 approval by Division of EMS		Date:	
Complete approval by QATF:		Date:	
Complete approval by Division of EMS:		Date:	
Approval notification:		Date:	
Finalized implementation date:		Date:	
Notes:			