

	Instructions: Complete and submit via email to the Bureau of EMS, Trauma and Preparedness. Applications must be received by close of business on the tenth of the month to be placed on that month's Quality Assurance Task Force agenda.	
A) Proposed Special Study Program Title		
B) EMS Agency Information:	Agency Name: Physical Address:	
	Phone Number:	
	Agency Licensure Level: ALS Transporting ALS Non-transporting	
C) Agency Contact Information	Name: Email:	
	Phone: Ext:	
D) CIP Program Designation	Community Paramedic Program Mobile Integrated Health Program	
E) MCA Information	MCA:	
	MCA Medical Director:	
	Email:	
	Letter of program approval on MCA letterhead with MCA Physician Director signature must be included or on file.	

Last updated: February 2021



F) CIP Program Medical Director	Will the CIP Medical Director be the MCA Medical Director or Alternate MCA Medical Director?		
	Yes (continue to section G)		
	No		
	Proposed CIP Medical Director Name:		
	Email:		
	 Please attach: 1) A signed letter from the MCA Medical Director indicating designation of said physician as CIP Program Medical Director must be included. 2) A CV for the CIP Program Medical Director designated by the MCA must be included. 		
	List providers conducting care and source of MDF Name:	HHS approved education: Education:	
	Name:	Education:	
	If more than six providers, please attach a roster with this application.		
H) Personnel Qualifications	Describe the qualifications, minimal licensure level and selection process for EMS personnel selected to participate in the.		
I) Vehicle Information	Vehicle(s) to be used in the special study will include those licensed as:		
	ALS Transporting	ALS Non-transporting	

Last updated: February 2021



J) Partners and Stakeholders involved in CIP Project			
K) Lines of Service			
Please include the following six elements for each line of service.			
 Lines of service and goal description: Plan of action to achieve goal: Related protocols: 			
4) Specific metrics to be collected:5) Describe the mechanism for data collection:			
6) Anticipated outcomes:			



L) Medical Oversight Describe the medical oversight and QA/QI process for t meetings.	this special study including frequency of reviews or
M) Protocols	
Number of State Protocols	Number of MCA Protocols
N) Proposed Implementation Date:	
Signature:	Date:

Last updated: February 2021