

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **EMS AIRCRAFT PROVIDER/DISPATCH
CENTER DESIGNATION**

REFERENCE NO. 418.1

EMS AIRCRAFT PROVIDER/DISPATCH CENTER DESIGNATION

Application* for: [] primary air ambulance provider
(check all that apply) [] back-up air ambulance provider
 [] primary dispatch center
 [] back-up dispatch center

Date: _____

Agency/Company Name: _____

Name of Applicant/Owner/Officer: _____

Business Address: _____

Business Phone: _____

Contact Person: _____
(Air ambulance operations)

Contact Person Phone: _____

Please submit a narrative description of your air ambulance/dispatch center operations.
*Application shall be submitted on an annual basis no later than January 31.

EMS AIRCRAFT APPLICATION

MEDICAL FLIGHT CREW

- The medical flight crew will consist of two attendants, whose scope of practice authorizes them to function at the ALS level.
- Physicians shall be licensed in the State of California and Board certified or eligible in emergency medicine; unless otherwise authorized by the EMS Agency Medical Director.
- Registered Nurses shall be licensed in the State of California and meet the qualifications of an authorized registered nurse as defined in the Health and Safety Code, Chapter 2, Section 1797.56.
- Paramedics shall be licensed in the State of California and accredited in Los Angeles County. (Refer to Ref. No. 418, Policy Section 1 F and G)
- All flight crew members shall be a current provider or instructor in the following:
 - ACLS;
 - PALS or equivalent;
 - BTLS or PHTLS or ATLS or equivalent;
- All medical flight crewmembers shall complete the provider agency's Aeromedical Orientation Program.
- All medical flight crewmembers shall receive a minimum of eight (8) hours annually of continuing education (CE)/staff development specific to aeromedical transportation.

MEDICAL FLIGHT CREW

NAME	MD, RN, or EMT-P	BOARD CERT. EXP DATE ¹	STATE LICENSE NUMBER	ACLS EXP DATE	PALS EXP DATE ²	BTLS, PHTLS, or ATLS EXP DATE ³	AEROMEDICAL ORIENTATION DATE	ANNUAL HOURS OF CE

¹ if physician is not Board Certified in Emergency Medicine then indicate date of Board eligibility or authorization by the EMS Agency Medical Director.

² if medical crew member does not have PALS certification then provide evidence of equivalent curriculum. For equivalent curriculum submit proof of attending class every two years.

³ if medical crewmember does not have BTLS or PHTLS or ATLS certification then provide evidence of equivalent curriculum. For equivalent curriculum submit proof of attending class every two years.

FLIGHT CREW

NAME	FAA MEDICAL CERT. ISSUE EXP DATE	FAA PILOT CERT. CURRENTLY HELD	FAA PILOT RATINGS CURRENTLY HELD	PILOT IN COMMAND (PIC) TOTAL HOURS	PIC TOTAL HOURS LAST 12 MONTHS

AIRCRAFT LIST

YEAR / MAKE / MODEL	MFR'S SERIAL NUMBER	FAA REGISTRATION NUMBER	CALL SIGN	CURRENT BASE LOCATION	PHYSICAL LOCATION DURING HOURS OF OPERATION	HOURS OF OPERATION	STRETCHER CAPACITY	TOTAL PERSONNEL CAPACITY (EXCL. PILOT)	OVER WATER CAPABILITY YES/NO	NIGHT TIME FLIGHT CAPABILITY YES/NO	EMS AGENCY DESIGNATION