



**Scope of Services**

Application Date \_\_\_\_\_ Requested MPDS / EMD start date \_\_\_\_\_

Requesting Agency \_\_\_\_\_

Agency Description of area receiving MPDS \_\_\_\_\_

Physical location of EMS/EMD Communications Center \_\_\_\_\_

EMS/EMD Communication Center Director/Manager \_\_\_\_\_

Director/Manager contact info \_\_\_\_\_

Estimated EMS/EMD annual call volume \_\_\_\_\_

Minimum EMD certified personnel per shift \_\_\_\_\_

Will the designated EMS/EMD Communications Center be providing ambulance dispatch services? [ ] Yes [ ] No ( If yes, please provide a copy of the agreement for dispatch services.)

**Submitting Agency EMS Policy 3110 Checklist and Acknowledgement (please include documentation of items below with application) :**

- ASTM - F-1258 / ASTM F – F-1552 / ASTM F-1560 standards met
- Current MPDS/ProQA version (within 1 year of release)
- EMD Policies Submitted to EMS for review (Emergency Call Surge, EMD Orientation, CDE program and QI program, Third party caller handing, Language translation, COOP)
- Current EMD certifications and records
- 24-hour on-site supervision
- 3010A Agreement signed

Signature below acknowledges and certifies acceptance and adherence to all Monterey County EMS Agency policies and procedures including 3010 – EMS / EMD Communications Center Designation and Requirements:

Submitted by \_\_\_\_\_ Agency \_\_\_\_\_



**Monterey County EMS Agency**

Received by \_\_\_\_\_ Date \_\_\_\_\_

Print / Signature

\_\_\_\_\_

Approved  Denied

Approved / Denied by \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Notes

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_