

REQUEST FOR TEMPORARY RECOGNITION OF OUT-OF-STATE EMS PERSONNEL RESPONDING ON MUTUAL AID IN CALIFORNIA

(Print or type all information, Use additional forms as necessary)

Out-of-state EMS personnel must obtain authorization from the Local EMS Agency (LEMSA) where they will be working before they may practice in California. Under California Law, out-of-state EMS personnel who have received authorization may utilize the scope of practice for which they have been licensed/certified.

Authorization for temporary recognition is requested for the following medical personnel assigned to:

INCIDENT: _____ in the **COUNTY(s)** of: _____

under the jurisdiction of the following **LEMSA(s)**: _____

beginning on ____ / ____ / ____ and ending on ____ / ____ / ____

	Full Name	EMT Level (circle)	Certification/ License #	Issuing Agency
1		Basic / Paramedic		
2		Basic / Paramedic		
3		Basic / Paramedic		
4		Basic / Paramedic		
5		Basic / Paramedic		
6		Basic / Paramedic		
7		Basic / Paramedic		
8		Basic / Paramedic		
9		Basic / Paramedic		

I attest that I have physically examined the certification/licenses of the above individuals.

		Telephone	() -
Medical Unit Leader - Print	Agency	Fax	() -
Signature		Date	/ /

		Telephone	() -
Medical Director - Print	LEMSA	Fax	() -
Signature		Date	/ /