

# Emergency Medical Services Authority (EMSA) Systems Data Request Form



## EMSA USE ONLY:

*Request Approved by:* \_\_\_\_\_  
*Date Request Approved:* \_\_\_\_\_  
*Data Request #:* \_\_\_\_\_  
*Data Provided by:* \_\_\_\_\_  
*Date Data Request Received:* \_\_\_\_\_

### LIMITATIONS

This form is for use by public or private organizations or private citizens interested in obtaining data held by the EMS Systems Division. Due to the sensitive nature of some Personal Health Information (PHI) data, requests are subject to review and approval by EMSA.

Approved releases of data will be provided in a flat file ASCII format via email in an encrypted attachment. Please note that for EMS data, only NEMSIS (National EMS Information System) variables will be provided; for Trauma data only NTDS (National Trauma Data Standards) variables will be provided. Please be aware that EMSA holds data in both NEMSIS versions 2 and 3. NEMSIS and NTDS data dictionaries are available at the links below:

**NEMSIS** – version 2: <http://www.nemsis.org/v2/downloads/datasetDictionaries.html>

**NEMSIS** - version 3: <http://www.nemsis.org/v3/downloads/datasetDictionaries.html>

**NTDS** - <http://www.ntdsdictionary.org/dataElements/documents/NTDSDataDictionary-2015Admissions-12172014.pdf>

Please complete the following information and email it to:

[EMSDData@emsa.ca.gov](mailto:EMSDData@emsa.ca.gov)

If you have any questions, please contact the CEMSIS Project Coordinator at the email address above or by phone at 916-322-4336 ext. 742

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### 1- Requesting party

Your name: \_\_\_\_\_

Date of request: \_\_\_\_\_

Your organization/committee name: \_\_\_\_\_

E-mail address \_\_\_\_\_

Phone number \_\_\_\_\_

**2 - The Term of this Agreement** is expected to be entered into \_\_\_\_\_ day of \_\_\_\_\_ by \_\_\_\_\_  
\_\_\_\_\_ (requesting entity) and EMSA for the period of \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

**3- Perspective and audience:** Please indicate your intended audience:

**4 – Please indicate the intended use of the data. What questions would you like the data to answer?**

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*(PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY)*

**5 – Please indicate if you are requesting EMS, Trauma, or Other data:** \_\_\_\_\_

**6 – If requesting EMS NEMSIS data please indicate version 2.2.1, 3.4, or other:** \_\_\_\_\_

**7 – Review the data links on page 1 and note on a separate page which data elements you are requesting.**

**8 – Please indicate any additional information which will allow us to more quickly and accurately respond to your data request:**