



**EMSA USE ONLY:**  
 Request Approved by: \_\_\_\_\_  
 Date Request Approved: \_\_\_\_\_  
 Data Request #: \_\_\_\_\_

## Data Request Form

California Emergency Medical Services Authority

Data and Quality Improvement Unit

### LIMITATIONS

This form is for use by public or private organizations or private citizens interested in obtaining data held by the Emergency Medical Services (EMS) Systems Division: Data and Quality Improvement Unit. Due to the sensitive nature of some personal health information (PHI) data, requests are subject to review and approval by the Emergency Medical Services Authority (EMSA).

Approved releases of data will be emailed in a flat file ASCII format via encrypted software or CD. Please note that for EMS data, only NEMESIS (National EMS Information System) variables will be provided; for Trauma data only NTDS (National Trauma Data Standards) variables will be provided. NEMESIS and NTDS data dictionaries are available at the links below:

**NEMESIS Version 3.4** [\[PDF\]](#)

**NTDS** [\[PDF\]](#)

Please submit this form to [EMSData@emsa.ca.gov](mailto:EMSData@emsa.ca.gov) as an attachment.

If you have any questions, please contact the CEMSIS Program Coordinator at the email above or by phone at 916-322-4336 ext. 910.

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### TERMS

The term of this Agreement is to be expected to be entered into \_\_\_\_\_ day of \_\_\_\_\_20\_\_ by (requesting entity)\_\_\_\_\_ and EMSA until the request has been completed.

### Requester Information:

Date Request Submitted:

Date Request Needed:

Name:

Title:

Organization

Phone:

Email:

Address:

Purpose of Request/Intended Use. (What questions would you like the data to answer?):

Intended Audience:

Will the data be disseminated?

If yes, where will it be disseminated?

**Information Requested:**

**Type of Registry Data:**

- EMS
- Trauma

**Time Period:**

Period Start:

Period End:

Please provide a detailed explanation of the data you are requesting and provide the data element names and codes (if any) with any criteria needed.

*PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY*