



County: _____

Reporting Year: _____

EMS Agency Certification

	Community Paramedic	Triage Paramedic
Total certified and accredited		
Number newly certified this year		
Number recertified this year		
Total accredited on July 1 of reporting year		
Number of certification reviews resulting in:		
• Formal investigations		
• Probation		
• Suspensions		
• Revocations		
• Denials		
• No action taken		

Facility Resource

County: _____

Alt. Destination Facility: _____

Address: _____

Phone No.: _____

Written Agreement with LEMSA to Participate in EMS System: Yes No

Authorized Facility: Mental Health Sobering Center

The alternate destination facility maintains adequate licensed medical and professional staff, facilities, and equipment in accordance with the provisions of section 1831 of the Health and Safety Code and California Code of Regulations, Title 22, Division 9, Chapter 5.



COMMUNITY PARAMEDICINE/TRIAGE TO ALTERNATE DESTINATION FORM

Provider Resource

County: _____	Response Area: _____
ALS Provider: _____	Written Agreement with LEMSA to Participate in EMS System: <input type="checkbox"/> Yes <input type="checkbox"/> No
Address: _____	Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private
	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____
Phone No.: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Fed. <input type="checkbox"/> County <input type="checkbox"/> Fire Dist.

Community Paramedicine Provider: Yes No **Triage to Alternate Destination Provider:** Yes No

Responses and Transports	
Community Paramedicine	
Total number of responses:	
Total number of transports to general acute care hospitals:	
Triage to Alternate Destination Provider	
Total number of responses:	
Total number of transports to general acute care hospitals:	
Total number of transports to alternate destination facilities:	
Number of transports to authorized mental health facility:	
Number of transports to authorized sobering center:	