



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		
<b>Number of certification reviews resulting in:</b>		
• Formal investigations		
• Probation		
• Suspensions		
• Revocations		
• Denials		
• No action taken		

**Facility Resource**

County: \_\_\_\_\_

Alt. Destination Facility: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone No.: \_\_\_\_\_

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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*

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