

EMERGENCY MEDICAL SERVICES AUTHORITY

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**Ambulance Strike Team Leader (ASTL) – Renewal Qualification Summary Sheet****PURPOSE**

To document qualifying experience and optional training used to meet Ambulance Strike Team Leader (ASTL) renewal requirements.

BACKGROUND

ASTL renewal requires verification of continued competency for statewide response missions.

This form summarizes qualifying events in lieu of a full Position Task Book (PTB).

PROCESS

Document qualifying experience obtained within the current renewal cycle. A minimum of one qualifying event is required.

Supporting documentation must be included. Additional qualifying events may be submitted on a separate page.

A. Applicant Information

Name: _____ Employer: _____
 Email: _____ Phone: _____

B. QUALIFYING EVENT SUMMARY**Event 1**

Real-World Event Training Simulation
 Date(s): _____ Event Name: _____
 Location (City / County): _____
 Resources Managed: AST MTF Other: _____
 Number and Type of Resources Managed: _____
 Supporting documentation attached (ICS 214, ICS 221, ICS 224, CAD snapshot, IAP, etc.)

Event 2

Real-World Event Training Simulation
 Date(s): _____ Event Name: _____
 Location (City / County): _____
 Resources Managed: AST MTF Other: _____
 Number and Type of Resources Managed: _____
 Supporting documentation attached (ICS 214, ICS 221, ICS 224, CAD snapshot, IAP, etc.)

Event 3

Real-World Event Training Simulation
 Date(s): _____ Event Name: _____
 Location (City / County): _____
 Resources Managed: AST MTF Other: _____
 Number and Type of Resources Managed: _____
 Supporting documentation attached (ICS 214, ICS 221, ICS 224, CAD snapshot, IAP, etc.)

Additional qualifying events and supporting documentation may be submitted on a separate page, if applicable.

C. ADDITIONAL OPTIONAL TRAINING

<input type="checkbox"/> Ambulance Strike Team Leader Initial (ASTL 2.0)	<input type="checkbox"/> Date of Class: _____
<input type="checkbox"/> Advanced Ambulance Strike Team Leader Training	<input type="checkbox"/> Date of Class: _____
<input type="checkbox"/> _____	<input type="checkbox"/> Date of Class: _____
<input type="checkbox"/> _____	<input type="checkbox"/> Date of Class: _____
<input type="checkbox"/> _____	<input type="checkbox"/> Date of Class: _____
<input type="checkbox"/> _____	<input type="checkbox"/> Date of Class: _____

D. SUBMISSION PROCESS

- Applicant submits renewal packet to LEMSA for review (PDF preferred)
- LEMSA confirms packet completeness
- LEMSA uploads packet to EMSA for final review

By submitting this renewal request, I certify that the information provided is true, complete, and accurate to the best of my knowledge, and that all supporting documentation submitted is authentic and applicable to the qualifying events listed.

Applicant Signature: _____ Date: _____

ALL RENEWAL PACKETS MUST BE SUBMITTED TO THE LEMSA FIRST