

**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**