

# Application for Enrollment- Vermont Pediatric Safe Program

Agency Name: \_\_\_\_\_

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

Agency Licensed Level: \_\_\_\_\_

Number of decals needed (number of ambulances): \_\_\_\_\_

## Section 1- Equipment

I verify that my service is compliant with the Vermont Department of Health's required or recommended equipment list for our current licensed level and maintains all equipment to be operational. My service uses \_\_\_\_\_ (kind of devices) to be prepared to transport patients weighing between 5 and 99 pounds.

## Section 2- SIREN

I verify that my service is submitting patient care reports electronically to Vermont's NEMSIS version 3.4 compliant data system, SIREN.

## Section 3- Participation in EMSC Surveys

I pledge that my service will participate in any EMSC surveys when selected to do so. This includes the annual EMSC survey.

## Section 4- Designated Pediatric Emergency Care Coordinator

PECC Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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



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## Section 5- Pediatric Education and Skills Verification

Please check box for Initial or Renewal of Recognition

Initial Recognition:

Please submit a written plan for how your agency will either provide or require pediatric education annually for a minimum of four hours for ALS and two hours for BLS. Address how you plan to have 90% of people on your squad achieve this goal. Include a written plan for how your agency will physically verify provider's skills with pediatric equipment in the next year. This may be in simulation, the field or skills stations. See **Appendix A** for an example.

Renewal of Recognition:

Please submit a written review of how your agency complied with this requirement of pediatric education and skills verification. Include how you plan to ensure 90% of your squad acquires their minimum hours of pediatric education next year. Your review should include the number of providers on your roster and the percentage who met the requirement this year. Training records do not need to be submitted.

## Section 6- Community Outreach

Please check box for Initial or Renewal of Recognition

Initial Recognition:

Please submit a written plan for how your agency will provide at least two community outreach events in the next year. Your agency may sponsor the event or participate in an event sponsored by another organization. Please see **Appendix B** for an example. For events already planned please include:

- Name or type of event
- Date
- Location
- Sponsor
- Benefits to your community



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Renewal of Recognition:

Please submit a written review of how your agency provided at least two community outreach events in the last year and how your agency will provide two for this next year. Your agency may sponsor the event or participate in an event sponsored by another organization. For events that already happened and those already planned please include:

- Name or type of event
- Date
- Location
- Sponsor
- Benefits to your community

I attest that the information in this application and its attachments is correct and current.

**Training Officer name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Head of Service name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

