



Vermont Pediatric Safe Application for Enrollment

Information:

- Applications are accepted on an ongoing basis.
- Applications are reviewed by the EMS for Children Coordinator and the EMS for Children Advisory Committee.
- The EMS for Children Coordinator will contact the applicant if further information or clarification is needed.
- A final decision on your agency's application will be made within 60 days of receiving the application.

Instructions: This application should be completed by someone in a leadership position within your agency (ex: head of service, deputy / assistant chief, training officer, pediatric emergency care coordinator, etc.).

There are different method options for submitting your application. If you need assistance or have questions, please contact the EMS for Children Coordinator at EMSC@vermont.gov.

There are 3 options to complete an application:

Option 1: Scan the QR code below to complete an online application form.



Option 2: Follow this link to the online application form.

<https://forms.office.com/g/iyqrt2MuUj>

Option 3: Complete the fillable PDF form below and email the final application to EMSC@vermont.gov.



Vermont Pediatric Safe Application for Enrollment

Agency Name: _____

Date of Application: _____

Person Completing Application: _____

Email: _____

Address: _____

EMS District: _____

Type of Service: First Response Ambulance Agency License Level: EMR EMT AEMT Paramedic

Number of Decals Needed (number of ambulances and/or department-owned first response vehicles): _____

Program Requirements

Program Requirement #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.

Program Requirement #2: SIREN

I verify that my service is submitting NEMSIS-compliant patient care reports electronically to SIREN.

Program Requirement #3: EMS for Children Surveys

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

Program Requirement #4: Pediatric Emergency Care Coordinator

I verify that my agency has a designed Pediatric Emergency Care Coordinator (PECC).

Name of Pediatric Emergency Care Coordinator: _____

Program Requirement #5: Pediatric Community Outreach

I pledge that my agency will conduct at least two (2) pediatric community outreach events annually.

NOTE: Please submit (either as an attachment to this application or in an email to EMSC@vermont.gov) a written plan for how your agency will provide at least two (2) community outreach events in the next year. Your agency may sponsor the event or participate in an event sponsored by another organization.

Program Requirement #6: Pediatric Training and Education

I pledge that my agency will offer opportunities for its members to participate in regular pediatric training opportunities, including at least four (4) hours of pediatric education annually.

NOTE: Please submit (either as an attachment to this application or in an email to EMSC@vermont.gov) a written plan for how your agency will offer a minimum of four (4) hours of pediatric education annually. Your plan should include methods of skills verification (simulation, field, and/or skills stations).

Signatures

Head of Service Name: _____

Signature: _____

Training Officer Name: _____

Signature: _____