

NORTH CAROLINA ASSOCIATION OF RESCUE & EMERGENCY MEDICAL SERVICES, INC.

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CERTIFICATE OF ELIGIBILITY

WATER RESCUE - OCEAN-SURF RESCUE

*** PLEASE PRINT OR TYPE

NAME OF UNIT _____ DATE _____

MAILING ADDRESS _____ ST. ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

UNIT EMAIL ADDRESS _____

EMERGENCY PHONE #() _____ SOCIAL PHONE #() _____ E-MAIL _____

DATE ORGANIZED _____ NON-PROFIT ORGANIZATION { } YES { } NO # OF MEMBERS _____

BUSINESS MEETING NIGHT _____ TRAINING NIGHTS _____

CAPTAIN/CHIEF _____ EMAIL ADDRESS _____

BUSINESS PHONE () _____ HOME PHONE () _____

SECRETARY _____ EMAIL ADDRESS _____

BUSINESS PHONE (_____ HOME PHONE (_____) _____

DOES YOUR SQUAD PROVIDE?

RESCUE ONLY _____ EMS ONLY _____ EMS/FIRE _____ EMS/RESCUE _____ EMS/FIRE/RESCUE _____ FIRE/RESCUE _____

COPY OF STATE CHARTER & CONTRACT

WITH CITY / COUNTY, INDICATING DISTRICT OF AUTHORITY,

MUST ACCOMPANY THIS CERTIFICATE OF ELIGIBILITY

NCAR&EMS, INC., REPRESENTATIVE

APPROVED: _____ **YES** _____ **NO**

TO BE SIGNED BY COUNTY OR CITY OFFICIAL

THIS IS TO CERTIFY THAT THE ABOVE NAMED RESCUE PROVIDER IS AN ACTIVE OPERATING SERVICE,
OPERATING IN:

_____ CITY OR COUNTY

_____ SIGNED
COUNTY OR CITY OFFICIAL

_____ TITLE

(NOTARY SEAL)

COUNTY OF _____ STATE OF _____

ON THE _____ DAY OF _____, 20_____, APPEARED BEFORE ME THE SAID INDIVIDUAL DESCRIBED
HEREIN AND WHO EXECUTED THE FOREGOING INSTRUMENT, AND HE (OR SHE) DULY ACKNOWLEDGED TO ME THAT HE (OR SHE)
EXECUTED SAME AND THAT THE STATEMENT THEREIN CONTAINED WERE TRUE TO THE BEST OF HIS (OR HER) KNOWLEDGE AND
BELIEF.

MY COMMISSION EXPIRES: _____ NOTARY PUBLIC

TO BE SIGNED & NOTARIZED BY DEPARTMENT OFFICIAL

THIS IS TO CERTIFY THAT THE ABOVE NAMED RESCUE PROVIDER IS AN ACTIVE OPERATING SERVICE:

_____ SIGNATURE, SQUAD OFFICIAL

_____ TITLE

(NOTARY SEAL)

BOTH SIGNATURES ARE REQUIRED

COUNTY OF _____ STATE OF _____

ON THE _____ DAY OF _____, 20_____, APPEARED BEFORE ME THE SAID INDIVIDUAL
DESCRIBED HEREIN AND WHO EXECUTED THE FOREGOING INSTRUMENT, AND HE (OR SHE) DULY ACKNOWLEDGED TO ME THAT HE (OR
SHE) EXECUTED THE SAME AND THAT THE STATEMENTS THEREIN CONTAINED WERE TRUE TO THE BEST OF HIS (OR HER) KNOWLEDGE
AND BELIEF.

MY COMMISSION EXPIRES: _____ NOTARY PUBLIC

MINIMUM STANDARD REQUIREMENTS - NCAR&EMS

WATER RESCUE – OCEAN-SURF RESCUE

WATER RESCUE – OCEAN-SURF RESCUE IS DEFINED AS ADVANCED LEVELS OF WATER RESCUE AND BASIC LIFE SUPPORT FUNCTIONS AS AN INITIAL RESPONDER USING ADVANCED EQUIPMENT.

1. MINIMUM PERSONNEL / ORGANIZATION REQUIREMENTS:

NUMBER OF PERSONNEL WITH CERTIFICATION

(ENTER NUMBER OF PERSONNEL WITH EACH CERTIFICATION)

MEDICAL RESPONDER - # _____ EMT - # _____ EMT-D - # _____

EMT-I - # _____ EMT-P - # _____ RT - # _____ MICN - # _____ NO CERTIFICATION - # _____

A MINIMUM OF EIGHT (8) CERTIFIED AS FIRST RESPONDERS BY THE AHJ OR HIGHER TO INCLUDE THE NUMBER OF PERSONAL CERTIFICATIONS AS REQUIRED BY THE AHJ TO PERFORM THIS SERVICE.

2. TYPE OF RESCUE TO PERFORM AS SPECIFIED IN THE CONTRACT WITH THE AHJ:

INCLUDED BUT NOT LIMITED TO AND BASED ON LOCAL NEED OF AHJ: WATER RESCUE-OCEAN-SURF RESCUE

ORGANIZATIONS OPERATING AT THE OCEAN SURF RESCUE OPERATIONS LEVEL SHALL MEET THE OPERATIONAL LEVELS OF SERVICE FOR OCEAN SURF RESCUE ACCORDING TO NFPA 1670.

ORGANIZATIONS OPERATING AT THE OCEAN SURF RESCUE TECHNICIANS LEVEL SHALL MEET THE TECHNICIAN LEVELS OF SERVICE FOR OCEAN SURF RESCUE ACCORDING TO NFPA 1670.

3. VEHICLE:

VEHICLE(S) USED FOR WATER RESCUE- OCEAN SURF RESCUE SHALL BE CAPABLE OF TRANSPORTING RESCUE PERSONNEL AND EQUIPMENT TO AN INCIDENT SAFELY AND CANNOT EXCEED THE VEHICLE'S TOTAL GVWR, INCLUDING THE CHASSIS, BODY, AND RESCUE EQUIPMENT AND MEDICAL CARE EQUIPMENT WHEN LOADED. ALL EQUIPMENT SHALL BE LOADED ON APPARATUS AND RESPONSE READY.

4. MINIMUM REQUIRED EQUIPMENT:

PLEASE PROVIDE A LIST OF YOUR OCEAN SURF RESCUE EQUIPMENT WITH THIS CERTIFICATION PACKET AS REQUIRED BY THE AUTHORITY HAVING JURISDICITON AND IN ACCORDANCE WITH NFPA 1670.

___1 SET OF INCIDENT COMMAND FORMS PER AHJ Download these at:
http://www.nimsonline.com/download_center/index.htm#forms