

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

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**CERTIFICATE OF ELIGIBILITY**

**MEDICAL RESPONDER UNIT**

\*\*\* 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

DATE: \_\_\_\_\_

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

## MEDICAL RESPONDER UNIT

### 1. MINIMUM PERSONNEL / ORGANIZATION REQUIREMENTS:

NUMBER OF PERSONNEL WITH CERTIFICATION

(ENTER NUMBER OF PERSONNEL WITH EACH CERTIFICATION)

FIRST RESPONDER - # \_\_\_\_\_ MEDICAL RESPONDER - # \_\_\_\_\_ EMT - # \_\_\_\_\_

EMT-I - # \_\_\_\_\_ EMT-P - # \_\_\_\_\_ RT - # \_\_\_\_\_ MICN - # \_\_\_\_\_ NO CERTIFICATION - # \_\_\_\_\_

**A MINIMUM OF EIGHT (8) PERSONNEL 18 YEARS OF AGE, WHO SHALL BE CERTIFIED AS MEDICAL RESPONDERS OR HIGHER AS SPECIFIED BY THE AHJ PRIOR TO CERTIFICATION IN THIS AREA.**

### 2. TYPE OF RESCUE TO PERFORM:

*As specified by the contract by the AHJ.*

### 3. VEHICLE:

VEHICLE(S) 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 MEDICAL CARE EQUIPMENT WHEN LOADED. ALL EQUIPMENT SHALL BE LOADED ON APPARATUS AND RESPONSE READY.

### 4. MINIMUM REQUIRED EQUIPMENT:

YOU MUST HAVE EACH OF THE FOLLOWING ITEMS TO MEET ELIGIBILITY REQUIREMENTS FOR CERTIFICATION.

\_\_\_\_\_ B/P CUFFS, 1-ADULT & 1-CHILD  
\_\_\_\_\_ STETHOSCOPE, 1-ADULT & 1-CHILD  
\_\_\_\_\_ 4 PAIR STERILE GLOVES  
\_\_\_\_\_ 1 POCKET MASK  
\_\_\_\_\_ 1 PAIR SCISSORS 5 1/2"  
\_\_\_\_\_ 1 BITE STICK  
\_\_\_\_\_ 4 8" X 10" ABD PADS  
\_\_\_\_\_ 4 3" X 8" ADAPTIC  
\_\_\_\_\_ 10 BAND AIDS  
\_\_\_\_\_ 4 2" ACE BANDAGES  
\_\_\_\_\_ 4 3" KLING  
\_\_\_\_\_ 4 4" KLING  
\_\_\_\_\_ 3 ROLLS 1" TAPE  
\_\_\_\_\_ 4 TRIANGULAR BANDAGES  
\_\_\_\_\_ 4 EYE PADS  
\_\_\_\_\_ 12 4"X4" BANDAGES  
\_\_\_\_\_ 1 BOTTLE STERILE WATER 500 ML

\_\_\_\_\_ 1 EACH PORTABLE SUCTION DEVICE,  
UNIT W/RIGID TIP OR SOFT TIP  
SUCTION CATHETER  
\_\_\_\_\_ 6 AIRWAYS 55MM TO 115MM  
\_\_\_\_\_ 1 O2 CYLINDER W/FLOW & CONTENT GUAGE  
\_\_\_\_\_ 2 O2 MASKS & NASAL CANNUALS  
W/DELIVERY TUBES, ADULT & CHILD  
\_\_\_\_\_ 2 SETS OF RIGID SPLINTS (2 FULL ARM  
& 2 FULL LEGS)  
\_\_\_\_\_ 1 AED  
\_\_\_\_\_ 1 RADIO WITH CAPABILITIES TO  
COMMUNICATE WITH LOCAL AHJ  
\_\_\_\_\_ 1 SET OF INCIDENT COMMAND FORMS PER  
AHJ Download These at:  
[http://www.nimsonline.com/download\\_center/  
index.htm#forms](http://www.nimsonline.com/download_center/index.htm#forms)