

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

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CERTIFICATE OF ELIGIBILITY

RESCUE RESOURCE PROVIDER

*** PLEASE PRINT OR TYPE

NAME OF DEPARTMENT _____ DATE _____

MAILING ADDRESS _____ ST. ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

DEPARTMENT EMAIL ADDRESS _____

COMM CENTER PHONE #() _____ BUSINESS PHONE #() _____

DEPARTMENT CELL PHONE #() _____ FAX # _____

CAPTAIN/CHIEF _____ EMAIL ADDRESS _____

WORK PHONE #() _____ HOME PHONE #() _____ CELL #() _____

SECRETARY _____ EMAIL ADDRESS _____

WORK PHONE #() _____ HOME PHONE #() _____ CELL #() _____

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

DEPT. NAME _____

TO BE SIGNED & NOTARIZED BY CITY OR COUNTY 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)

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

BOTH SIGNATURES ARE REQUIRED

RESCUE RESOURCE PRVOVIDER: INSPECTORS INITIALS _____

REVISED: 06/01/10

MINIMUM STANDARD REQUIREMENTS - NCAR&EMS

RESCUE RESOURCE PROVIDER

RESCUE RESOURCE PROVIDER IS DEFINED AS AN AGENCY OR ORGANIZATION, WHICH IS CURRENTLY PROVIDING A SPECIFIC TYPE OF SERVICE TO THE CITIZENS OF THEIR COMMUNITY AND IS CURRENTLY A MEMBER OF NORTH CAROLINA ASSOCIATION OF RESCUE AND EMS, INC. THIS PROVIDER HAS BEEN DELIGATED THIS TASK BY THEIR AHJ. THIS SPECIFIC TYPE OF SERVICE HAS BEEN DETERMINED TO BE A NON TRADITIONAL FORM(S) OF RESCUE. THIS MAY INCLUDE THE FOLLOWING: SURF RESCUE, K-9 SEARCH/WILDERNESS SEARCH, DIVE RESCUE, AVIATION SUPPORT SERVICES, OR OTHER AREAS AS MAY BE DETERMINED BY THE MEMBERSHIP COMMITTEE OF THE NORTH CAROLINA ASSOCIATION OF RESCUE AND EMS, INC. A MINIMUM NUMBER OF 8 PERSONNEL WILL BE CERTIFIED AT THE PARTICULAR TYPE OF RESCUE BEING PROVIDED.

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 - # _____ RESCUE CERTIFIED - # _____ RN/MICN - # _____

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

PERFORMANCE SHOULD INCLUDE NON-TRADITIONAL FORMS OF RESCUE BASED ON THE LOCAL NEED OF THE AHJ. THIS MAY INCLUDE BUT IS NOT LIMITED TO SOME OF THE FOLLOWING: SURF RESCUE, K-9 SEARCH/WILDERNESS SEARCH, DIVE RESCUE, AVIATION SUPPORT SERVICES, OR OTHER AREAS AS MAY BE DETERMINED BY THE MEMBERSHIP COMMITTEE OF THE NORTH CAROLINA ASSOCIATION OF RESCUE AND EMS, INC.

ORGANIZATIONS PROVIDING THESE NON-TRADITIONAL FORMS OF RESCUE MUST DO SO IN ACCORDANCE WITH THE OPERATIONS OR TECHNICIAN LEVELS ACCORDING TO NFPA 1670, 2009 EDITION OR OTHER APPLICABLE NATIONAL STANDARD. OPERATIONAL LEVELS OF SERVICE MAY BE MET BY THE RT STANDARD

2. TYPE OF RESCUE TO PERFORM:

AS SPECIFIED BY THE CONTRACT WITH THE AHJ

3. VEHICLE:

VEHICLE(S) USED FOR RESCUE RESOURCE PROVIDER 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.

RESCUE RESOURCE PRVOIDER: INSPECTORS INITIALS _____

REVISED: 06/01/10

4. MINIMUM REQUIRED EQUIPMENT: DEPT. NAME _____

NCAR&EMS, INC.,
REPRESENTATIVE _____ DATE: _____

APPROVED: _____ YES _____ NO INSPECTOR'S SIGNATURE: _____

PLEASE PROVIDE A LIST OF YOUR SPECIFIC RESCUE EQUIPMENT WITH THIS CERTIFICATION PACKET AS REQUIRED BY THE AUTHORITY HAVING JURISDICITON AND IN ACCORDANCE WITH NFPA 1670 OR OTHER APPLICABLE NATIONAL STANDARD.

_____ 1 SET OF INCIDENT COMMAND FORMS PER AHJ Download These at:
<http://www.fema.gov/emergency/nims/JobAids.shtm>