

**HEMS**  
**Facility and Service Participation**  
**LIFE SUPPORT UNIT PERSONNEL STAFFING**  
**Alternate ALS Staffing\* Request Form**

Date: June 23, 2017, Update May 23, 2019

Section 12-4

This form is to be completed by any Agency providing services within the HEMS Medical Control Authority to utilize Alternate ALS Staffing\*. This document needs to be submitted only once during the year and annually with the license renewal application for review by HEMS PSRO Physician Committee.

*\*Alternate Staffing is the State of Michigan Advanced Life Support Ambulance staffing of 1 Paramedic and 1 Basic EMT as stated in Section 333.20921 (3) (c) of Public Act 368 of 1978, as amended.*

Date: \_\_\_\_\_ EMS Agency: \_\_\_\_\_

Number of Licensed ALS Units at time of license renewal: \_\_\_\_\_

Present number of vehicles Licensed: \_\_\_\_\_

1. Number of Staff needed to maintain the HEMS ALS Staffing Requirements (section 9-17, page one):

\_\_\_\_\_ Paramedics      \_\_\_\_\_ Specialist      Total Needed: \_\_\_\_\_

2. Present number of Staff:

\_\_\_\_\_ Paramedics      \_\_\_\_\_ Specialist      Total Needed: \_\_\_\_\_

3. What is your current staff shortfall (employee's needed) by license level:

\_\_\_\_\_ Paramedics      \_\_\_\_\_ Specialist      Total Needed: \_\_\_\_\_

Report to the PSRO Committee, once annually on progress toward achieving the HEMS, MCA staffing standard. Indicate what your agency is doing to recruit additional staff to meet HEMS ALS staffing standard:

Signature of Company Representative: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

MCA Name: HEMS, INC. (Wayne County)  
MCA Board Approval Date: February 9, 2017, Update May 23, 2019  
MDCH Approval Date: June 23, 2017, June 28, 2019  
MCA Implementation Date: August 1, 2017, June 28, 2019