



INLAND COUNTIES EMERGENCY MEDICAL AGENCY

Serving San Bernardino, Inyo, and Mono Counties

1425 South "D" Street

SAN BERNARDINO, CA 92415-0060

909-388-5823 FAX: 909-388-5825

EMERGENCY MEDICAL DISPATCH CENTER APPLICATION

New Renewal Update

TYPE OF EMD: Prior to Arrival Instructions Only Priority Dispatch/Tiered Response

PROVIDER INFORMATION

Name: _____

Address: _____
 Number & Street City State Zip

Contact Name/Title: _____

Phone: _____ Email: _____

ADMINISTRATION

EMS provider(s) receiving dispatch services: _____
(Attach separate list)

Types of resources dispatched: BLS ALS

Type of system: Pro QA Edition or Equivalent

Name of Training Officer & Title: _____

Phone: _____ Email: _____

Number of Dispatchers: _____ (Attach list of employed dispatchers)

Number of Call Takers: _____

NOTE: Provider must notify ICEMA of any changes.

Completed by (Print Name): _____

Signature & Date: _____

ICEMA Use Only

Date
Rcvd: _____ All requirements verified: _____ Approved by: _____ Date: _____