

Emergency Medical Services (EMS) Systems Alternate Response Provider Letter of Commitment

Resource Hospital Name Springfield Memorial Hospital (formerly Memorial Medical Center)
Mailing Address701 N First Street
City Springfield State IL ZIP Code 62781
Alternate Response Provider Name Alexander Fire Protection District
Provider Number. 03 3443NT EMS System Name. Springfield Memorial Hospital
Emergency Contact Name and Title. Andy Wright Chief
Cell Phone. 217-370-0959 Email Address. ALEXANDERILFIRE@YAHOO.COM
This letter shall serve as a commitment by as a participating EMS Provider in .
As outlined in 77 III Adm. Code 515.825 of the EMS Rules and Regulations, I/we commit to the following: Check all that apply: Agency includes ambulance assist vehicles, which are dispatched only as needed and simultaneously with an ambulance and assist with patient care prior to the arrival of the ambulance and will continuously comply with Section 515.820(a) and 825 (c). These vehicle(s) are staffed and equipped at the following levels (check all that apply):
☐ ALS ☐ ILS ☐ AEMT ☐ BLS ☐ N. First Responder X☐ In-field upgrade has been authorized by the EMS system and submitted to IDPH for approval.
Agency includes non-transport vehicles staffed and equipped 24 hours per day, 365 days of the year, and dispatched prior to dispatch of a transporting ambulance and will continuously comply with Section 515.825(b) and 825(c). These vehicle(s) are staffed and equipped at the following levels (check all that apply):
☐ ALS ☐ ILS ☐ AEMT ☐ BLS ☐ First Responder
I/we agree to operate the vehicle(s) with the appropriate personnel unless authorized by the EMS system and approved by IDPH for the following (check all that apply): Alternate responder authorization
☐ Alternate responder authorization secondary response vehicle
 Each vehicle used as an alternate response vehicle meets the equipment requirements. Agree to document all medical care provided and submit documentation to the EMS system within 24 hours Attach a current staff roster.
 Have two-way ambulance-to-hospital communications capability on a frequency determined and assigned by IDPH.

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Alternate Response Provider Director (Print/Type Name)	
Nerbel for Andy Wright Alternate Response Provider Director Signature	10/25/2023 Date
Or Matthew Johnston EMS Medical Director (Print/Type Name)	
EMS Medical Director Signature	10 05 2023 Date



Resource Hospital Name Springfield Mem	orial Hospital (formerly Memor	ial Medical Center)	
Mailing Address 701 N. 1st Street			
City Springfield		State IL	ZIP Code 62781
Alternate Response Provider Name AMT o	of Springfield dba Medics First		
Provider Number 03 3528NT	EMS System Nam	ne Memorial EMS	
Emergency Contact Name and Title Sara R	olando, Director of Operations		
Cell Phone 217-494-6518	Email Address srolando@me	edicsfirst.com	
This letter shall serve as a commitment by	AMT of Springfield dba Medics	First as a participating EMS Provide	er in Memorial EMS.
As outlined in 77 III Adm. Code 515.825 of	the EMS Rules and Regulations,	I/we commit to the following:	
Check all that apply:			
Agency includes ambulance assist vel with patient care prior to the arrival of vehicle(s) are staffed and equipped a	of the ambulance and will contin	nuously comply with Section 515.8	ith an ambulance and assist 20(a) and 825 (c). These
	☐ BLS ☐ First Responder		
* Ambulance assistance vehicles shall	not function as assist vehicles i	f staff and equipment required by t	this Section are not available
☐ In-field upgrade has been authorized	by the EMS system and submit	ted to IDPH for approval.	
Agency includes non-transport vehicle dispatch of a transporting ambulance and equipped at the following levels (and will continuously comply w	rs per day, 365 days of the year, ar vith Section 515.825(b) and 825(c).	nd dispatched prior to These vehicle(s) are staffed
ALS ILS AEMT	☐ BLS ☐ First Responder		
I/we agree to operate the vehicle(s) with the following (check all that apply):	ne appropriate personnel unless	s authorized by the EMS system an	d approved by IDPH for the
Alternate responder authorization			
★ Alternate responder authorization section.	condary response vehicle		
• Each vehicle used as an alternate resp	onse vehicle meets the equipm	ent requirements.	
Agree to document all medical care pro		· ·	ours
Attach a current staff roster.			
Have two-way ambulance-to-hospital company	communications capability on a	frequency determined and assigne	ed by IDPH.



AMT of Springfield dba Medics First

Sara Rolando, Director of Operations	
Alternate Response Provider Director (Print/Type Name)	
	10/3/2023
Alternate Response Provider Director Signature	Date
Dr. Matthew Johnston	
EMS Medical Director (Print/Type Name)	
EMS Medical Director Signature	10 /25/2027 Date



Resource Hospital Name Springfield N	Memorial Hosp	oital (formerly Memorial Med	dical Center)	
Mailing Address 701 N 1st Street				
City Springfield		Sta	ate IL	ZIP Code 62781
Alternate Response Provider Name A	renzville Fire	Protection District		
Provider Number 3C35		EMS System Name Me	morial EMS	
Emergency Contact Name and Title C	hris Privia - Cl	nief		
Cell Phone 217-248-1474	Email	Address bills_service@outle	ook.com	
This letter shall serve as a commitment	nt by as a par	ticipating EMS Provider in .		
As outlined in 77 III Adm. Code 515.8 Check all that apply: Agency includes ambulance ass with patient care prior to the ar vehicle(s) are staffed and equip	st vehicles, w	hich are dispatched only as r	needed and simu	ollowing: Iltaneously with an ambulance and assist Section 515.820(a) and 825 (c). The se
ALS ILS AEM	AT BLS	First Responder	f and equipment	required by this Section are not available.
☐ In-field upgrade has been autho				
Agency includes non-transport of dispatch of a transporting ambut and equipped at the following loads are sent as the followin	lance and will	continuously comply with So	r day, 365 days o ection 515.825(t	of the year, and dispatched prior to b) and 825(c). These vehicle(s) are staffed
ALS ILS AEN	IT 🗌 BLS	XFirst Responder		
I/we agree to operate the vehicle(s) v following (check all that apply): Alternate responder authorization		priate personnel unless auth	orized by the EM	AS system and approved by IDPH for the
Alternate responder authorization	n secondary	response vehicle		
 Each vehicle used as an alternate Agree to document all medical ca Attach a current staff roster. Have two-way ambulance-to-hosp 	response vel re provided a	icle meets the equipment re and submit documentation to	the EMS system	
An all and the state of the sta		- coposity on a nequ	ency determined	and assigned by IDPH.



Chris PRIVIA		
Alternate Response Provider Director (Print/Type Name)		
Alternate Barrell	10-17-23	
Alternate Response Provider Director Signature	Date	
EMS Medical Director (Print/Type Name)		
	10-25-23	
EMS Medical Director Signature	Date	



Resource Hospital Name SPRINGFIELD MI	EMORIAL HOSPITAL (FORMELY I	MEMORIAL MEDICAL CENTER
Mailing Address 701 N 1ST STREET		
City SPRINGFIELD	State IL	ZIP Code 62781
Alternate Response Provider Name Ashland	Fire Protection District	
Provider Number 3439NT	EMS System Name MEMORIAL E	:MS
Emergency Contact Name and Title Tyler S.	Lathom	
Cell Phone 217-370-1669 Ema	il Address ASHLANDFPD@YAF	HOO.COM
This letter shall serve as a commitment by as a pa	rticipating EMS Provider in .	
As outlined in 77 III Adm. Code 515.825 of the EM: Check all that apply:	S Rules and Regulations, I/we commit to the fo	ollowing:
Agency includes ambulance assist vehicles, v	mbulance and will continuously comply with 5	
ALS ILS AEMT BLS * Ambulance assistance vehicles shall not ful	First Responder nction as assist vehicles if staff and equipment	required by this Section are not available.
☐ In-field upgrade has been authorized by the	EMS system and submitted to IDPH for approv	val.
Agency includes non-transport vehicles staff dispatch of a transporting ambulance and wi and equipped at the following levels (check)	ll continuously comply with Section 515.825(b	of the year, and dispatched prior to o) and 825(c). These vehicle(s) are staffed
ALS ILS AEMT BLS	First Responder	
I/we agree to operate the vehicle(s) with the appr following (check all that apply): Alternate responder authorization	opriate personnel unless authorized by the EN	AS system and approved by IDPH for the
Alternate responder authorization secondar	response vehicle	
 Each vehicle used as an alternate response ve Agree to document all medical care provided Attach a current staff roster. 	V = V	n within 24 hours

· Have two-way ambulance-to-hospital communications capability on a frequency determined and assigned by IDPH.

· Comply with the resource hospital's communication plan.

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Tyler S. Lathom	
Alternate Response Provider Director (Print/Type Name)	
Tyler S. Lathom	10/17/2023
Alternate Response Provider Director Signature	Date
Dr. Matthew Johnston	
EMS Medical Director (Print/Type Name)	
EMEMORIE DE LA CONTRACTION DEL CONTRACTION DE LA	10/25/2023
EMS Medical Director Signature	Date '

Oct. 13. 20	23_10:4	3AM				Let ^{No. 0138} Co ^{P.}	² ıitmen
Resource Hospital	Name <u>~</u>	Pring F	ield	Memorial	HOSPITAL		
Malling Address			STree	<u> </u>			
City Spring	a Fiel	٨			State IL	ZIP Code (0)	181
Alternate Respons	e Provider	Name Ch	MANDLO	env. He Uohu	NTear Fire		
Provider Number	031	.Τ		EMS System Name	Memorial 1	=ms	
Emergency Contac	t Name an	d Title $\overline{\mathcal{P}}_{0}$	alree	Blain. E	mT @		
Cell Phone 217	1473.	6205	Email A	ddress phlair i	50@CA55601	mm COM	
This letter shall se	rve as a co	nmitment by		ipating EMS Provider in .			
Check all that appl Agency Includ With patient c	y: es ambulai are prior to	nce assist veh o the arriyal o	icles, which f the ambul	iles and Regulations, I/w are dispatched only as n ance and will continuous ng levels (check all that a	needed and simultaneou sly comply with Section	usly with an ambulance	
Q ALS	الد	□ AEMT	DBLS	First Responder			
* Ambulance	assistance	vehicles shal	I not function	on as assist vehicles if sta	ff and equipment requi	red by this Section are n	ot available.
□In-field upgrad	de has beer	n authorized i	by the EMS:	system and submitted to	IDPH for approval.		
	ing ambula	nce and will o	continuously	nd equipped 24 hours per y comply with Section 51 ply):			
□ ALS	DILS	DAEMT	BLS	First Responder			
I/we agree to oper following (check al			he appropri	ate personnel unless aut	horized by the EMS sys	tem and approved by ID	PH for the
☐Alternate resp	onder auti	norization					
Alternate resp	onder auth	orization sec	ondary resp	oonse vehicle			
				e meets the equipment r submit documentation to		n 24 hours	

- Attach a current staff roster.
- Have two-way ambulance-to-hospital communications capability on a frequency determined and assigned by IDPH.
- Comply with the resource hospital's communication plan.

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No. 0138 P. 3

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Emergency Medical Services (EMS) Systems

By signing below, the alternate response provider commits to complying with applicable requirements of the EMS Act, EMS Code, and the EMS System Program Plan, as all may be amended from time to time.

PATRICIA BLAIR

Alternate Response Provider Director (Print/Type Name)

10/25/2023 Date



Resource Hospital Name Springfield Memorial H	ospital		
Mailing Address 701 N First St			
City Springfield		State IL	ZIP Code 62781
Alternate Response Provider Name City of Beard	stown		
Provider Number 3452	EMS System Name	Memorial EMS	
Emergency Contact Name and Title Eric Brockho	use, Lead		
Cell Phone 217-841-5438 Ema	ail Address <u>ebrockhouse0</u>	@yahoo.com	versila
This letter shall serve as a commitment by City of	Beardstown as a participa	ting EMS Provider in Memorial El	MS.
As outlined in 77 III Adm. Code 515.825 of the EN Check all that apply:	IS Rules and Regulations, I	/we commit to the following:	
Agency includes ambulance assist vehicles, with patient care prior to the arrival of the vehicle(s) are staffed and equipped at the formula.	ambulance and will continu	ously comply with Section 515.8	ith an ambulance and assist 20(a) and 825 (c). These
☐ ALS ☐ ILS ☐ AEMT ☒ BL * Ambulance assistance vehicles shall not fu		staff and equipment required by t	his Section are not available
☐ In-field upgrade has been authorized by the			ins section are not available.
Agency includes non-transport vehicles staf dispatch of a transporting ambulance and w and equipped at the following levels (check	vill continuously comply wi	s per day, 365 days of the year, ar th Section 515.825(b) and 825(c).	nd dispatched prior to These vehicle(s) are staffed
ALS ILS AEMT BL	S First Responder		
I/we agree to operate the vehicle(s) with the app following (check all that apply):	ropriate personnel unless	authorized by the EMS system an	d approved by IDPH for the
☐ Alternate responder authorization			
Alternate responder authorization secondar	y response vehicle		
 Each vehicle used as an alternate response v Agree to document all medical care provided Attach a current staff roster. 		이 교리를 하고 있으면 하는 이 보면 없어요? 사람이 하다.	ours
Have two-way ambulance-to-hospital commu-	unications capability on a f	requency determined and assigne	ed by IDPH.



City of Beardstown

Eric Brockhouse	
Alternate Response Provider Director (Print/Type Name)	
Verbal for Enc Brockhave	10/25/2023
Alternate Response Provider Director Signature	Date
Dr. Maythew Johnston	
EMS Medical Director (Print/Type Name)	
EMS Medical Director Signature	15 25 2023 Date



Resource Hospital Name Springfield Memor	rial Hospital		
Mailing Address 701 N 1st Street			
CitySpringfield		StateIL	ZIP Code62781
Alternate Response Provider NameE <u>Mden I</u>	Fire Department		88%
Provider NumberEMS241837	EMS System Name	Memorial	
Emergency Contact Name and Title Gail Alb	erts EMT-B		
Cell Phone2 <u>17-871-2275</u>	Email Addressfarmergirlgail@	gmail.com	
This letter shall serve as a commitment by	as a participating EMS Provider	in .	
As outlined in 77 III Adm. Code 515.825 of to Check all that apply: Agency includes ambulance assist velowith patient care prior to the arrival of vehicle(s) are staffed and equipped at the control of	nicles, which are dispatched only of the ambulance and will contin	y as needed and simultaneously wi	ith an ambulance and assist 20(a) and 825 (c). These
* Ambulance assistance vehicles shall	not function as assist vehicles if	staff and equipment required by t	his Section are not available.
☐ In-field upgrade has been authorized	by the EMS system and submitte	ed to IDPH for approval.	
XAgency includes non-transport vehic dispatch of a transporting ambulance and equipped at the following levels (and will continuously comply w	ars per day, 365 days of the year, ith Section 515.825(b) and 825(c).	and dispatched prior to These vehicle(s) are staffed
ALS ILS AEMT	XBLS XFirst Responder		
/we agree to operate the vehicle(s) with the following (check all that apply): xAlternate responder authorization	e appropriate personnel unless	authorized by the EMS system and	d approved by IDPH for the
xAlternate responder authorization se	econdary response vehicle		
 Each vehicle used as an alternate respe Agree to document all medical care pro Attach a current staff roster. 			ours

Have two-way ambulance-to-hospital communications capability on a frequency determined and assigned by IDPH.

· Comply with the resource hospital's communication plan.



Gail D. Alberts		
Alternate Response Provider Director (Print/Type Name)		
Gail D. Alberts	10-22-23	
Alternate Response Provider Director Signature	Date	
Dr. Matthew Johnston		
EMS Medical Director (Print/Type Name)		
EMS Medical Director Signature	10/25/2027 Date	



Resource Hospita	I Name S	pringfield Mer	norial Hosp	pital		
Mailing Address	701 N. 1 st	Street				
City Springfield					State IL	ZIP Code 62781
Alternate Respon	se Provide	r Name Harts	burg Fire P	rotection District		
Provider Number	3136			EMS System Nan	ne Hartsburg Fire Pro	etection District 0327
Emergency Conta	act Name a	nd Title Chris	stopher D E	Bowling - Fire Chief		
Cell Phone 3096	607333		Email	Address hartsburgfire	andrescue@gmail.co	m
This letter shall so	erve as a co	ommitment b	y as a part	ticipating EMS Provide	rin.	
As outlined in 77	III Adm. Co	de 515.825 o	f the EMS F	Rules and Regulations	, I/we commit to the	following:
Check all that app	oly:					
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☐ ALS	☐ ILS	☐ AEMT	☐ BLS	First Responder	•	
* Ambulanc	e assistano	e vehicles sho	III not func	tion as assist vehicles	if staff and equipme	nt required by this Section are not available.
☐ In-field upg	rade has be	en authorize	d by the EN	MS system and submit	ted to IDPH for appr	oval.
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☐ ALS		☐ AEMT	☐ BLS	☐ First Responder		
I/we agree to ope	erate the ve	ehicle(s) with ly):	the approp	oriate personnel unles	s authorized by the	EMS system and approved by IDPH for the
Alternate re	sponder a	uthorization				
☐ Alternate re	sponder a	uthorization s	econdary r	response vehicle		
• Each vehicle	used as an	alternate res	ponse veh	icle meets the equipn	nent requirements.	
				nd submit documentat	13/5/9	em within 24 hours
Attach a curr					an per successiva de deservación de la compositión de la compositión de la compositión de la compositión de la	ne constanting and the Color of Color o
Have two-wa	y ambulan	ce-to-hospita	communi	cations capability on a	frequency determin	ned and assigned by IDPH.



Christopher D. Bowling		
Alternate Response Provider Director (Print/Type Name)	25 Oct 2023	
Alternate Response Provider Director Signature	Date	
Matt John MD		
EMS Medical Director (Print/Type Name)		
EMS Medical Director Signature	1627-25 Date	



Resource Hospital Name Springfield Memorial Hospital		
Mailing Address 701 N. 1st Street		
City Springfield	State Illinois	ZIP Code <u>62781</u>
Alternate Response Provider Name Jacksonville Fire Department		
Provider Number 03 3115NT EMS System Na	me Memorial EMS	
Emergency Contact Name and Title Doug Sills, Fire Chief		
Cell Phone 217-370-1087 Email Address jfdchlef@ja	cksonvilleil.com	
This letter shall serve as a commitment by Jacksonville Fire Department	as a participating EMS Provider in M	lemorial EMS.
As outlined in 77 III Adm. Code 515.825 of the EMS Rules and Regulation	s, I/we commit to the following:	
Check all that apply:		
Agency includes ambulance assist vehicles, which are dispatched o with patient care prior to the arrival of the ambulance and will con vehicle(s) are staffed and equipped at the following levels (check at	tinuously comply with Section 515.8	rith an ambulance and assist (20(a) and 825 (c). These
☐ ALS ☐ ILS ☐ AEMT ☐ BLS ☐ First Responde	er ·	
 Ambulance assistance vehicles shall not function as assist vehicles 	s if staff and equipment required by	this Section are not available.
☐ In-field upgrade has been authorized by the EMS system and subm	itted to IDPH for approval.	
Agency includes non-transport vehicles staffed and equipped 24 horizontal dispatch of a transporting ambulance and will continuously comply and equipped at the following levels (check all that apply):	ours per day, 365 days of the year, and with Section 515.825(b) and 825(c)	nd dispatched prior to . These vehicle(s) are staffed
ALS ILS AEMT BLS First Responde	г	
I/we agree to operate the vehicle(s) with the appropriate personnel unle following (check all that apply):	ss authorized by the EMS system an	d approved by IDPH for the
☐ Alternate responder authorization secondary response vehicle		
Each vehicle used as an alternate response vehicle meets the equipment of the equipmen	ment requirements.	
 Agree to document all medical care provided and submit documenta 	tion to the EMS system within 24 ho	ours
Attach a current staff roster.		•
 Have two-way ambulance-to-hospital communications capability on 	a frequency determined and assigne	ed by IDPH.



Jacksonville Fire Department

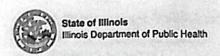
Douglas R. Sills		
Alternate Response Provider Director (Print/Type Name) Alternate Response Provider Director Signature	10/13/2023 Date	
EMS Medical Director (Print/Type Name)		-
EMS Medical Director Signature	10/25/2023 Date	



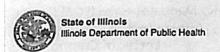
Resource Hospital Name Springfield Memorial Hospital (Formerly Memorial Medical Center)	
Mailing Address 701 North 1st street		
City Springfield	State Illinois	ZIP Code 62702
Alternate Response Provider Name Life Star Ambulance	Service, Inc.	
Provider Number 3633	EMS System Name LifeStar Ambulance	· · · · · · · · · · · · · · · · · · ·
Emergency Contact Name and Title Rachel Compardo, O	perations Manager	
Cell Phone 217-416-8186 Email Addre	ess Rachel@lifestarambulance.net	
This letter shall serve as a commitment by Life Star Ambu	lance Service, Inc. as a participating EMS Pro	ovider in LifeStar Ambulance.
As outlined in 77 III Adm. Code 515.825 of the EMS Rules Check all that apply:	and Regulations, I/we commit to the followi	ng:
Agency includes ambulance assist vehicles, which a with patient care prior to the arrival of the ambulan vehicle(s) are staffed and equipped at the following	ce and will continuously comply with Section	ously with an ambulance and assist n 515.820(a) and 825 (c). These
ALS ILS AEMT BLS * Ambulance assistance vehicles shall not function a	First Responder s assist vehicles if staff and equipment requi	red by this Section are not available.
☐ In-field upgrade has been authorized by the EMS sy	stem and submitted to IDPH for approval.	
Agency includes non-transport vehicles staffed and dispatch of a transporting ambulance and will continuand equipped at the following levels (check all that	nuously comply with Section 515.825(b) and	year, and dispatched prior to 825(c). These vehicle(s) are staffed
⊠ ALS ☐ ILS ☐ AEMT ☐ BLS ☐	First Responder	
I/we agree to operate the vehicle(s) with the appropriate following (check all that apply):	personnel unless authorized by the EMS syst	tem and approved by IDPH for the
Alternate responder authorization secondary respon	nse vehicle	
 Each vehicle used as an alternate response vehicle m Agree to document all medical care provided and sub Attach a current staff roster. 		in 24 hours
Have two-way ambulance-to-hospital communication	s capability on a frequency determined and	assigned by IDPH.



Rachel Compardo		
Alternate Response Provider Director (Print/Type Name) Actual Conference Alternate Response Provider Director Signature	10/12/2023 Date	
EMS Medical Director (Print/Type Name)		
EMS Medical Director Signature	10 35 3023 Date	



Spr. Resource Hospital Name Abraham	n Streld Etincola Memorial Hospital				
Mailing Address 200 Stahlhut Dr	: 701 N 1St St		Charles -	in coloniere	Mineste.
City Lincoln Spfld	70 .	State	IL	ZIP Code	62636
Alternate Response Provider Name	Lincoln Rural Fire Department				
Provider Number217-732-6697	EMS System Name	0327		St. J. Clatters Carry	
Emergency Contact Name and Title	Trevor Matheny - Captain			Meane.	g military
Cell Phone 217-737-2337	Email Address trevormat	heny@gamil.	com		
This letter shall serve as a commitme	ent by as a participating EMS Provider	in.			
As outlined in 77 III Adm. Code 515.	B25 of the EMS Rules and Regulations,	/we commit	to the following		
Check all that apply:					
with patient care prior to the	isist vehicles, which are dispatched only arrival of the ambulance and will continuous pped at the following levels (check all the first Responder	uously comp	nd simultaneou ly with Section	sty with an ambula 515.820(a) and 82	ance and assist 5 (c). These
* Ambulance assistance vehicle	es shall not function as assist vehicles if	staff and equ	ipment require	d by this Section ar	re not available.
☐ In-field upgrade has been auth	norized by the EMS system and submitt	ed to IDPH for	approval.		
	t vehicles staffed and equipped 24 hou bulance and will continuously comply w levels (check all that apply):				
ALS ILS AE	MT 🗵 BLS 🗌 First Responder				
following (check all that apply):	with the appropriate personnel unless	authorized b	y the EMS syste	m and approved b	y IDPH for the
Alternate responder authoriza	tion				
Alternate responder authoriza	tion secondary response vehicle				
Each vehicle used as an alterna	ite response vehicle meets the equipme	ent requireme	nts.		
	care provided and submit documentation	on to the EMS	system within	24 hours	
Attach a current staff roster.	neelted communications county Western	leanuan au des	and and and	rigged by IDDI	
Have two-way ambulance-to-no Comply with the resource hospi	ospital communications capability on a	requency det	ermined and as	signed by IUPH.	
- Compry with the resource hosp	tal a communication plant				



Trevor Matheny	
Alternate Response Provider Director (Print/Type Name)	The state of the s
Alternate Response Provider Director Signature	
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EMS Medical Director (Print/Type Name)	A STATE OF BUILDING
EMS Medical Director (Print/Type Name)	A CANADA PARENTE AND DESCRIPTION OF THE PARENTE AND DESCRIPTIO
h	10/25/2023 Date
EMS Medical Director Sgnath	70/ X9/ X022
STATE STATE OF THE	



Attach a current staff roster.

· Comply with the resource hospital's communication plan.

Emergency Medical Services (EMS) Systems Alternate Response Provider Letter of Commitment

Resource Hospital Name Springfield Memorial Hospital (formerly Memorial Medical Center) Mailing Address 701 N 1st Street City Springfield ZIP Code 62781 State IL Alternate Response Provider Name Logan County Paramedic Association, Inc. Provider Number 3641 EMS System Name Memorial EMS Emergency Contact Name and Title Crystal Bale, CEO Cell Phone (217) 671-2386 Email Address lcpa1@lcpa-il.com This letter shall serve as a commitment by Logan County Paramedic Association, Inc. as a participating EMS Provider in Memorial EMS. As outlined in 77 III Adm. Code 515.825 of the EMS Rules and Regulations, I/we commit to the following: Check all that apply: Agency includes ambulance assist vehicles, which are dispatched only as needed and simultaneously with an ambulance and assist with patient care prior to the arrival of the ambulance and will continuously comply with Section 515.820(a) and 825 (c). These vehicle(s) are staffed and equipped at the following levels (check all that apply): ☐ ILS ☐ AEMT ☐ BLS First Responder * Ambulance assistance vehicles shall not function as assist vehicles if staff and equipment required by this Section are not available. In-field upgrade has been authorized by the EMS system and submitted to IDPH for approval. Agency includes non-transport vehicles staffed and equipped 24 hours per day, 365 days of the year, and dispatched prior to dispatch of a transporting ambulance and will continuously comply with Section 515.825(b) and 825(c). These vehicle(s) are staffed and equipped at the following levels (check all that apply): ☐ ALS ☐ ILS ☐ AEMT ☐ BLS ☐ First Responder I/we agree to operate the vehicle(s) with the appropriate personnel unless authorized by the EMS system and approved by IDPH for the following (check all that apply): ☐ Alternate responder authorization Alternate responder authorization secondary response vehicle · Each vehicle used as an alternate response vehicle meets the equipment requirements. Agree to document all medical care provided and submit documentation to the EMS system within 24 hours

Have two-way ambulance-to-hospital communications capability on a frequency determined and assigned by IDPH.



Logan County Paramedic Association, Inc.

Crystal L. Bale		
Alternate Response Provider Director (Print/Type Name)		
Verbal for Crystal Bale Alternate Response Provider Director Signature	9/29/2023 Date	
Alternate response Provider Director Signature	Date	
Dr. Matthew Johnston		
EMS Medical Director (Print/Type Name)		
-	10/25/2023	
EMS Medical Director Signature	Date '	



Emergency Medical Services (EMS) Systems Vehicle Service Provider Letter of Commitment

Resource Hospital Name Springfi	eld Memorial He	ospital (formerly N	Memorial Medical Center)	
Mailing Address 701 N 1st St		8.67		
City Springfield			State IL	ZIP Code <u>62781</u>
Vehicle Service Provider Name M	1emorial Medica	al Center		
Provider Number 542	3	EMS System	m Name Memorial EMS 0327	
Emergency Contact Name and Tit	le Sara Brown			
Cell Phone 217-414-1717	E-m	ail Address brow	n.sara@mhsil.com	
This letter shall serve as a commi	tment by Memo	rial Medical Cente	er as a participating EMS Provi	der in Memorial EMS 0327.
As outlined in Section 515.810 an	d 515.8130 of th	ne EMS Rules and	Regulations, the following info	ormation is attached:
 List of all vehicles, including level of service. 	g year, model, m	nake, VIN number,	license plate number, depart	ment license number, base location, and
 Description of each vehicle 	s role in provid	ing pre-hospital ca	are and patient transport servi	ices.
 Definition of primary, seco 	ndary, and outli	ning areas of respo	onse for each EMS vehicle.	
 Map (s) indicating the base service area. 	locations of each	ch EMS vehicle, th	e population base of each sen	vice area, and square mileage of the
				p system that details adequate coverage within that vehicle's coverage area.
 Copy of current FCC license 				
 List of all personnel provide expiration dates. 	ing pre-hospital	care and level of li	icensure (only copy of highest	level of licensure), license numbers, and
I /we commit to the following:				
	port), unless the	vehicle is operate		basic life support, intermediate life approved in-field service level upgrade
 Provide 24-hour, seven-day 	y-a-week covera	ge at our highest I	evel of care. (Check all that ap	pply)
ALS ILS AE	MT 🛭 BLS	□ сст		
I/we commit to following the ope (Check all that apply)	rational require	ments for staffing	alterations authorized by the	EMS system and submitted to IDPH.
☐ Alternate Rural Staffing				
☐ Alternate Response				
☐ Alternate Response-Secon	dary Response	Vehicle		
☐ Alternate Staffing for Priva	ate Ambulance I	Providers		
☐ Rural Population Staffing	Credentialing Ex	emption		
☐ Critical Care Transport (CC	100	·		
		of Tier II and/or Ti	ier III services shall be staffed	with the minimum requirements
I/we agree to:	. Tec. 5)			•
- ANTHONIA I - A - CONTRACTOR OF THE CONTRACTOR	ocument an app	propriate run repo	rt and submit data according t	to the most current version of NEMSIS

- (i.e., NEMSIS 3 for each emergency call, as required by the EMS System and IDPH).
- Emergency services, which an EMS vehicle is authorized to provide, shall not be denied on the basis of patient's ethnicity, gender, creed, nationality, religious beliefs, sexual preference, or ability to pay for such services.

Page 1 of 3 IOCI 24-28 VEC



Emergency Medical Services (EMS) Systems Vehicle Service Provider Letter of Commitment

Memorial Medical Center

- Continuously carry and maintain the required equipment in working order at all times, and to carry and properly store
 medications and equipment required by the EMS system.
- Notify the EMS medical director of any changes in personnel providing pre-hospital care in the EMS system in accordance with the EMS manual policies.
- · Continuously follow the approved EMS policies and protocols of the EMS system.
- Maintain the optimum response times up to six minutes in primary coverage areas, 6 to 15 minutes in secondary coverage areas, and 15 to 20 minutes in outlying coverage areas.

As outlined in Section 515.400 General Communications d), I/we commit to:

- Have continuous two-way ambulance-to-hospital communications capability on a frequency determined and assigned by IDPH.
- · Comply with the resource hospital's communication plan.

As outlined in Section 515.350 Data Collection and Submission a) 1 and 2), I/we commit to:

- . Completing a run report for every emergency pre-hospital or inter-hospital transport and for refusal of care.
- Leaving one copy, paper or electronic, with the receiving hospital emergency department, trauma center, or health care facility before leaving the facility.

Transport provider who also has alternate response vehicle(s)

Vehicle Service Provider Director Signature

Transport provider who also has alternate response vehicle(s)
I/we agree to staff, to equip, and to operate the following (check all that apply) according to the Section 515.835 and provide documentation of medical care provided to the EMS system within 24 hours.
Ambulance assistance vehicles, which are dispatched simultaneously with an ambulance and assist with patient care prior to the arrival of the ambulance (ambulance assistance vehicles shall not function as assist vehicles if staff and equipment required by this section are not available).
Non-transport vehicles, which are dispatched prior to dispatch of a transporting ambulance and include ambulances and fire engines that contain the staff and equipment by this section.
By signing below, the ambulance provider commits to complying with all applicable requirements of the EMS Act, EMS Code, and the EMS System Program Plan, as all may be amended from time to time.
Sara Brown
Vehicle Service Provider Director (Print/Type Name) 10/16/2023

Page 2 of 3 IOCI 24-28 4ED

Date



Resource Hospital Name Memorial Medical Center	<u> </u>	
Mailing Address 701 N 1st Street		
City Springfold	State IL	ZIP Code 6 2 751
Atternate Response Provider Name Middle town Resc-	· e	
ravider Number 03 3/55 IV † EMS Syste		
Emergency Contact Name and Title Cody Peddicord		
Email Address Cpe		
his letter shall serve as a commitment by as a participating EMS F	rovider in .	
is outlined in 77 III Adm. Code 515.825 of the EMS Rules and Regul	ations, I/we commit to the follow	ring:
Agency includes ambulance assist vehicles, which are dispatch with patient care prior to the arrival of the ambulance and with vehicle(s) are staffed and equipped at the following levels (ch		eously with an ambulance and asse, on 515.820(a) and 825 (c). The se
ALS ILS AEMT BLS First Reso	onder	
* Ambulance assistance vehicles shall not function as assist vehicles.	hicles if staff and equipment requ	ired by this Section are not availab
in-field upgrade has been authorized by the EMS system and s	ubmitted to IDPH for approval	
Agency includes non-transport vehicles staffed and equipped dispatch of a transporting ambulance and will continuously coand equipped at the following levels (check all that apply):	24 hours per day, 365 days of the mply with Section 515.825(b) and	year, and dispatched prior to 825(c). These vehicle(s) are staffe
☐ ALS ☐ ILS ☐ AEMT ☐ BLS ☐ I irst Respo		
into agree to operate the vehicle(s) with the appropriate personnel indicates all that apply): [YAlternate responder authorization]	unless authorized by the EMS sys	tem and approved by IDPH ta_{i} , ,
Alternate responder authorization secondary response vehicle		
- Each vehicle used as an alternate assessment response vehicle		
Agree to document all medical care provided to the equation of the equati	uipment requirements.	
 Agree to document all medical care provided and submit docume Attach a current staff roster. 	ntation to the EMS system within	24 hours
Have two-way ambulance-to-hospital communication		Consideration
 Comply with the resource hospital's communication plan. 	on a frequency determined and a	ssigned by IDPH.



15 Medical Director Signature

Emergency Medical Services (EMS) Systems Alternate Response Provider Letter of Commitment

Cody Podd Corol

Atternate Response Provider Director (Print/Type Name)

Walk Response Provider Director Signature

Note That Shale M.)

Medical Director (Print/Type Name)

By signing below, the alternate response provider commits to complying with applicable requirements of the EMS Act, EMS Code, and

Page 2 of



Resource Hospital Name Springfield Memorial Hospital (formerly Memorial Medica	l Center)
Mailing Address 701 N. 1st Street	
City Springfield State I	L ZIP Code 62781
Alternate Response Provider Name New Berlin-Island Grove Fire Protection District	(aka New Berlin EMS)
Provider Number 03 3118NT (New Berlin EMS #) EMS System Name Memor	rial EMS (Memorial Provider # = 0327)
Emergency Contact Name and Title Curt Stephens (New Berlin EMS Chief)	
Cell Phone 217-801-0911 Email Address emschief40@yahoo.co	m
This letter shall serve as a commitment by New Berlin-Island Grove Fire Protection I Provider in Memorial EMS (Memorial Provider # = 0327).	District (aka New Berlin EMS) as a participating EMS
As outlined in 77 III Adm. Code 515.825 of the EMS Rules and Regulations, I/we com	imit to the following:
Check all that apply:	
Agency includes ambulance assist vehicles, which are dispatched only as need with patient care prior to the arrival of the ambulance and will continuously of vehicle(s) are staffed and equipped at the following levels (check all that apply	omply with Section 515.820(a) and 825 (c). These
☐ ALS ☐ ILS ☐ AEMT ☐ BLS ☐ First Responder * Ambulance assistance vehicles shall not function as assist vehicles if staff and	d equipment required by this Section are not available
☐ In-field upgrade has been authorized by the EMS system and submitted to IDP	H for approval.
Agency includes non-transport vehicles staffed and equipped 24 hours per day dispatch of a transporting ambulance and will continuously comply with Section and equipped at the following levels (check all that apply):	r, 365 days of the year, and dispatched prior to on 515.825(b) and 825(c). These vehicle(s) are staffed
☐ ALS ☐ ILS ☐ AEMT ☒ BLS ☐ First Responder	
I/we agree to operate the vehicle(s) with the appropriate personnel unless authorize following (check all that apply): Alternate responder authorization	ed by the EMS system and approved by IDPH for the
☐ Alternate responder authorization secondary response vehicle	
Each vehicle used as an alternate response vehicle meets the equipment require	ements.
 Agree to document all medical care provided and submit documentation to the Attach a current staff roster. 	EMS system within 24 hours

· Have two-way ambulance-to-hospital communications capability on a frequency determined and assigned by IDPH.

· Comply with the resource hospital's communication plan.



New Berlin-Island Grove Fire Protection District (aka New Berlin EMS)

Curt Stephens (New Berlin EMS	S Chief)		
Alternate Response Provider Di	irector (Print/Type Name)		
Curt Stephens	Digitally signed by Curt Stephens Date: 2023.09.14 13:06:08 -05'00'	09/13/2023	
Alternate Response Provider Di	rector Signature	Date	
Dr M	atthew Johnston		
EMS Medical Director (Print/Ty			
EMS Medical Director Signature		10/25/2023 Date	



Resource Hospital Name Springfield Memorial Hospital (formerly Memoria	l Medical Center)	
Mailing Address 701 N 1st Street		
City Springfield	State IL	ZIP Code <u>62781</u>
Alternate Response Provider Name New Holland Fire Protection District		
Provider Number 3169NT EMS System Name	Memorial EMS	
Emergency Contact Name and Title Dan Dean - Chief		
Cell Phone (217) 737-6311 Email Address None		
This letter shall serve as a commitment by New Holland Fire Protection Dist	rict as a participating EMS Provide	er in Memorial EMS.
As outlined in 77 III Adm. Code 515.825 of the EMS Rules and Regulations, I, Check all that apply:	/we commit to the following:	
Agency includes ambulance assist vehicles, which are dispatched only with patient care prior to the arrival of the ambulance and will continuvehicle(s) are staffed and equipped at the following levels (check all the	uously comply with Section 515.83	
☐ ALS ☐ ILS ☐ AEMT ☒ BLS ☐ First Responder * Ambulance assistance vehicles shall not function as assist vehicles if	staff and equipment required by t	his Section are not available.
☐ In-field upgrade has been authorized by the EMS system and submitte	ed to IDPH for approval.	
Agency includes non-transport vehicles staffed and equipped 24 hours dispatch of a transporting ambulance and will continuously comply wi and equipped at the following levels (check all that apply):	s per day, 365 days of the year, an th Section 515.825(b) and 825(c).	d dispatched prior to These vehicle(s) are staffed
ALS ILS AEMT BLS First Responder	×	
I/we agree to operate the vehicle(s) with the appropriate personnel unless a following (check all that apply): Alternate responder authorization	authorized by the EMS system and	d approved by IDPH for the
☐ Alternate responder authorization secondary response vehicle		
Each vehicle used as an alternate response vehicle meets the equipment	nt requirements	
Agree to document all medical care provided and submit documentation		urs
 Attach a current staff roster. 		
 Have two-way ambulance-to-hospital communications capability on a full 	requency determined and assigne	d by IDPH.



New Holland Fire Protection District

Dan Dean - Chief	
Alternate Response Provider Director (Print/Type Name)	
Alternate Response Provider Director Signature	10/18/2023
Alternate Response Provider Director Signature	Date
Dr. Matthew Johnston	
EMS Medical Director (Print/Type Name)	
EMS Medical Director Signature	10 05 3023



Resource Hospita	l Name Sp	ringfield Mer	norial Hosp	oital (formerly Memoria	al Medical Center)	
Mailing Address	701 N 1st	Street				
City Springfield					State IL	ZIP Code 62781
Alternate Respon	se Provide	r Name Nort	hwestern A	Area Ambulance & Resc	ue Squad	
Provider Number	033435			EMS System Name	Memorial EMS	
Emergency Conta	ct Name a	nd Title Bran	don Oxley	Training Officer		
Cell Phone (217)	971-1476		Email	Address brandonmoxle	ey83@gmail.com	
This letter shall se EMS.	erve as a co	ommitment b	y Northwe	stern Area Ambulance	& Rescue Squad as a parti	cipating EMS Provider in Memorial
As outlined in 77	III Adm. Co	de 515.825 o	f the EMS I	Rules and Regulations,	I/we commit to the follow	ving:
Check all that app	oly:					
with patient	t care prior	to the arriva	l of the am	ich are dispatched only bulance and will contin owing levels (check all t	uously comply with Section	eously with an ambulance and assist on 515.820(a) and 825 (c). These
☐ ALS	☐ ILS	□ AEMT	☐ BLS	First Responder		
* Ambulanc	e assistano	e vehicles sho	all not func	tion as assist vehicles if	staff and equipment requ	ired by this Section are not available.
☐ In-field upgr	ade has be	een authorize	d by the EN	MS system and submitte	ed to IDPH for approval.	
dispatch of	a transport	ransport vehi ting ambuland ollowing level	e and will	continuously comply w	s per day, 365 days of the ith Section 515.825(b) and	year, and dispatched prior to d 825(c). These vehicle(s) are staffed
☐ ALS		☐ AEMT	BLS	First Responder		
following (check a	all that app	ly):	the approp	oriate personnel unless	authorized by the EMS sy	stem and approved by IDPH for the
Alternate re	sponder a	uthorization				
☐ Alternate re	sponder a	uthorization s	econdary r	esponse vehicle		
 Each vehicle 	used as an	alternate res	ponse veh	icle meets the equipme	ent requirements.	
 Agree to doc 	ument all r	nedical care p	rovided an	d submit documentation	on to the EMS system with	nin 24 hours
Attach a curre						
 Have two-wa 	y ambulan	ce-to-hospita	l communi	cations capability on a f	frequency determined and	d assigned by IDPH.



Northwestern Area Ambulance & Rescue Squad

Douglas Oxley			
Alternate Response Provider Di	rector (Print/Type Name)		
Douglas Oxley	Digitally signed by Douglas Oxley Date: 2023.10.25 14:37:23 -05'00'	10/25/2023	
Alternate Response Provider Di	Alternate Response Provider Director Signature		
Dr. Matt Joh	nster		
EMS Medical Director (Print/Ty			
7		10/25/23	
EMS Medical Director Signature	1	Date	



Resource Hospital Name S	pringfield Mem	orial Hospit	tal		
Mailing Address 701 N 1st					
City Springfield				State Illinois	ZIP Code 62781
Alternate Response Provide	der Name Pana	Fire Depart	ment		
Provider Number 6444NT			EMS System Name S	Springfield Memorial El	MS
Emergency Contact Name	and Title Chie	Rodney Bl	land		
Cell Phone 217-246-5721		Email	Address RblandPFD@hot	mail.com	
This letter shall serve as a	commitment b	y as a part	icipating EMS Provider in	1.	
mai padent care pri	oulance assist v	ehicles, wh	nich are dispatched only a	is needed and simulta	owing: neously with an ambulance and assist tion 515.820(a) and 825 (c). These
☐ ALS ☐ ILS	□ AEMT	☐ BLS	First Responder		quired by this Section are not available.
☐ In-field upgrade has	been authorize	d by the EN	MS system and submitted	to IDPH for approval.	98
Agency includes non dispatch of a transport and equipped at the	rting ambuland	e and will	continuously comply with	per day, 365 days of t n Section 515.825(b) a	he year, and dispatched prior to nd 825(c). These vehicle(s) are staffed
ALS ILS	☐ AEMT	☐ BLS	☐ First Responder		
I/we agree to operate the following (check all that ap Alternate responder	oply):	the approp	oriate personnel unless au	uthorized by the EMS	system and approved by IDPH for the
☐ Alternate responder	authorization s	econdary r	esponse vehicle		
 Each vehicle used as Agree to document al Attach a current staff Have two-way ambula 	l medical care p roster.	rovided an	d submit documentation	to the EMS system wi	



Chief Kooney Bland		
Alternate Response Provider Director (Print/Type Name)		
Rodney L. Bland	11/10/23	
Alternate Response Provider Birector Signature	Date	
Matthew Sohnston, MQ		
EMS Medical Director (Print/Type Name)		
	11-13-23	
MS Medical Director Signature	Date	

Resource Hospital Name Springfield	d Memorial Hospi	tal (formerly Memorial	Medical Center)	
Mailing Address 701 N 1st St.				
City Springfield			State IL	ZIP Code 62781
Alternate Response Provider Name	Petersburg Com	munity Fire Protection I	District	
Provider Number 03-03-3208		EMS System Name	Memorial EMS	
Emergency Contact Name and Title	Henry Schirding,	Trustee		
Cell Phone 217-899-1078	Email A	ddress halschirding@g	gmail.com	
This letter shall serve as a commitme	ent by as a partici	pating EMS Provider in	•	
apatient care prior to the arrival of staffed and equipped at the following the staffed and equipped at the following the staffed and equipped at the following the staffed and equipped as sistance vehicle. In-field upgrade has been authorized and staffed an	ist vehicles, which of the ambulance a lowing levels (checo MT	are dispatched only as and will continuously cook all that apply): [AFirst Responder on as assist vehicles if some system and submitted that apply with Section 5 to comply with Section 5	needed and simultar amply with Section 5 toff and equipment to IDPH for approval er day, 365 days of	neously with an ambulance and assist with 15.820(a) and 825 (c). These vehicle(s) are required by this Section are not available.
CALS CILS CAE	MT DBLS	☐First Responder		
I/we agree to operate the vehicle(s) following (check all that apply): Alternate responder authorizati		ate personnel unless au	thorized by the EMS	system and approved by IDPH for the
②Alternate responder authorizati		onse vehicle		
Each vehicle used as an alternate Agree to document all medical call	e response vehicle	meets the equipment r	equirements. o the EMS system w	rithin 24 hours

Have two-way ambulance-to-hospital communications capability on a frequency determined and assigned by IDPH.

Attach a current staff roster.

· Comply with the resource hospital's communication plan.

Emergency Medical Services (EMS) Systems

	Alternate Response Provider Letter of Commitment
By signing below, the alternate response provider commits to complying EMS System Program Plan, as all may be amended from time to time.	with applicable requirements of the EMS Act, EMS Code, and the
Henry Schirding	
Alternate Response Provider Director (Print/Type Name)	
	10/1/2023 Date
Dr. Matthew Johnston	
EMS Medical Director (Print/Type Name)	10/15/2023 Date



· Comply with the resource hospital's communication plan.

Emergency Medical Services (EMS) Systems Alternate Response Provider Letter of Commitment

Resource Hospital Name Springfield Memo	rial Hospital	(formerly Memorial N	fedical Center)	
Mailing Address 701 N 1st St				
City Springfield		s	tate IL	ZIP Code <u>62781</u>
Alternate Response Provider Name Roches	ter Fire Prote	ection District		
Provider Number 3123		EMS System Name N	Memorial EMS	
Emergency Contact Name and Title Kirk Po	lley - Deputy	Chief		
Cell Phone 217-299-7530	Email Addr	ess kirk.polley@roch	esterfirerescue.org	
This letter shall serve as a commitment by I	Rochester Fire	e Protection District a	s a participating EMS Provider	n Memorial EMS.
As outlined in 77 III Adm. Code 515.825 of t Check all that apply:	he EMS Rules	s and Regulations, I/w	re commit to the following:	
Agency includes ambulance assist veh with patient care prior to the arrival o vehicle(s) are staffed and equipped at	f the ambular	nce and will continuo	usly comply with Section 515.8	th an ambulance and assist 20(a) and 825 (c). These
		First Responder as assist vehicles if sta	off and equipment required by t	his Section are not available
☐ In-field upgrade has been authorized	by the EMS sy	stem and submitted	to IDPH for approval.	
Agency includes non-transport vehicle dispatch of a transporting ambulance and equipped at the following levels (and will conti	inuously comply with	er day, 365 days of the year, ar Section 515.825(b) and 825(c).	nd dispatched prior to These vehicle(s) are staffed
ALS ILS AEMT	□ BLS □	First Responder		
I/we agree to operate the vehicle(s) with th following (check all that apply):	e appropriate	e personnel unless au	thorized by the EMS system an	d approved by IDPH for the
Alternate responder authorization				
Alternate responder authorization sec	ondary respo	onse vehicle		
 Each vehicle used as an alternate response 	onse vehicle n	neets the equipment	requirements.	
Agree to document all medical care pro	vided and sul	bmit documentation	to the EMS system within 24 ho	ours
Attach a current staff roster.				
 Have two-way ambulance-to-hospital c 	ommunicatio	ins capability on a free	quency determined and assigne	ed by IDPH.

Page 1 of 3 10Cl 24-28 4ECD



Rochester Fire Protection District

Kirk Poll	cı/		
Alternate Response Provider Director	(Print/Type Name)		
Kirk Polley	Digitally signed by Kirk Polley Date: 2023.09.13 13:52:51 -05'00'	9/13/2023	
Alternate Response Provider Director	Signature	Date	
Dr. Matthew	Johnston		
EMS Medical Director (Print/Type Nar			
EMS Medical Director Signature	· · · · · · · · · · · · · · · · · · ·	10/25/2023 Date	



Resource Hospital Name Springfield Memorial Hospit	al (formerly Memorial Medical Center)	
Mailing Address 701 N 1st Street		
City Springfield	State IL	ZIP Code <u>62781</u>
Alternate Response Provider Name Sherman Fire Pro	tection District	
Provider Number 03 3146NT	EMS System Name Memorial EMS	
Emergency Contact Name and Title Todd Masterhan	- Fire Chief	
Cell Phone 319-572-3289 Email Ac	dress tmasterhan@shermanfire.org	
This letter shall serve as a commitment by Sherman Fi	re Protection District as a participating EMS Pro	vider in Memorial EMS.
As outlined in 77 III Adm. Code 515.825 of the EMS Ru Check all that apply:	les and Regulations, I/we commit to the following	ng:
Agency includes ambulance assist vehicles, whice with patient care prior to the arrival of the ambu- vehicle(s) are staffed and equipped at the follow	lance and will continuously comply with Section	usly with an ambulance and assist a 515.820(a) and 825 (c). These
ALS ILS AEMT BLS * Ambulance assistance vehicles shall not function	☐ First Responder on as assist vehicles if staff and equipment requir	red by this Section are not available.
☐ In-field upgrade has been authorized by the EMS	system and submitted to IDPH for approval.	
Agency includes non-transport vehicles staffed a dispatch of a transporting ambulance and will co and equipped at the following levels (check all the	ntinuously comply with Section 515.825(b) and	rear, and dispatched prior to 825(c). These vehicle(s) are staffed
☐ ALS 🛛 ILS 🖾 AEMT 🖾 BLS	First Responder	
I/we agree to operate the vehicle(s) with the appropri following (check all that apply): Alternate responder authorization	ate personnel unless authorized by the EMS syst	em and approved by IDPH for the
☐ Alternate responder authorization secondary res	ponse vehicle	
 Each vehicle used as an alternate response vehicl Agree to document all medical care provided and Attach a current staff roster. 	e meets the equipment requirements.	n 24 hours

• Have two-way ambulance-to-hospital communications capability on a frequency determined and assigned by IDPH.

• Comply with the resource hospital's communication plan.



Sherman Fire Protection District

Todd Masterhan			
Alternate Response Provider Direct	ctor (Print/Type Name)		
Todd Masterhan	Digitally signed by Todd Masterhan Date: 2023.09.13 14:22:02 -05'00'	09/13/2023	
Alternate Response Provider Direct	ctor Signature	Date	
Dr. Mathe	w Johnston		
EMS Medical Director (Print/Type	Name)		
EMS Medical Director Signature		10/25/2023 Date	



· Comply with the resource hospital's communication plan.

Resource Hospital Name Sprin	gfield Memorial Hosp	ital (formerly Memorial Medical	Center)	
Mailing Address 701 N 1st Stre	eet			
City Springfield		State II		ZIP Code 62781
Alternate Response Provider N	ame South Jacksonvil	le Fire Dept.		
Provider Number 3001	2 -221 - 2. 2-2	EMS System Name Memor	ial EMS	
Emergency Contact Name and	Title Richard Evans Jr	•		
Cell Phone 217-370-3867	Email A	ddress sjfd@southjacksonville.	org	
This letter shall serve as a comm	mitment by South Jack	sonville Fire Dept. as a participa	ating EMS Provider in Me	morial EMS.
with patient care prior to vehicle(s) are staffed and ALS ILS * Ambulance assistance vehicles	ce assist vehicles, whi the arrival of the amb equipped at the follor AEMT	ch are dispatched only as needed on the second on the	ed and simultaneously wit mply with Section 515.82): equipment required by th	0(a) and 825 (c). These
	ambulance and will c	and equipped 24 hours per day, ontinuously comply with Section that apply):		
🛛 ALS 🗌 ILS 🗀	AEMT 🛭 BLS	First Responder		
I/we agree to operate the vehic following (check all that apply): Alternate responder autho Alternate responder autho • Each vehicle used as an alt	orization orization secondary re			approved by IDPH for the
 Agree to document all med Attach a current staff roste 		submit documentation to the I	MS system within 24 hou	ırs
		ations capability on a frequency	determined and assigned	by IDPH.



South Jacksonville Fire Dept.

Chief Richard Evans Jr.	
Alternate Response Provider Director (Print/Type Name)	
Wahard Alvand	10/16/23
Alternate Response Provider Director Signature	Date
Dr. Matthew Johnston	
EMS Medical Director (Print/Type Name)	
A. Comments	10/25/2023
EMS Medical Director Signature	Date



Resource Hospita	l Name <u>Sp</u>	ringfield Men	norial Hosp	oital (formerly Memorial	Medical Center)	
Mailing Address	701 N 1st S	street				
City Springfield					State IL	ZIP Code 62781
Alternate Respon	se Provide	Name Sprin	gfield Fire	Department		
Provider Number				EMS System Name	Memorial EMS	
Emergency Conta	ct Name ar	nd Title Darb	in Calvert			
Cell Phone 217-5	88-1022		Email	Address darbin.calvert@	espringfield.il.us	
This letter shall se	erve as a co	mmitment by	y Springfiel	ld Fire Department as a	participating EMS Provid	er in Memorial EMS.
Check all that app	ly: ides ambul	ance assist ve	ehicles, wh	nich are dispatched only	we commit to the follow as needed and simultane	ving: eously with an ambulance and assist on 515.820(a) and 825 (c). These
vehicle(s) ar	e staffed a	nd equipped	at the follo	owing levels (check all th		
ALS * Ambulance	⊠ ILS e assistanc		⊠ BLS all not func	☐ First Responder tion as assist vehicles if s	staff and equipment requ	uired by this Section are not available
	ade has be	en authorize	d by the EN	MS system and submitte	d to IDPH for approval.	
dispatch of a	a transport	ansport vehions ing ambulanc llowing levels	e and will	continuously comply with	per day, 365 days of the th Section 515.825(b) an	e year, and dispatched prior to d 825(c). These vehicle(s) are staffed
☐ ALS	ILS	AEMT	⋈ BLS	First Responder		
I/we agree to ope following (check a 🖂 Alternate re	II that app	y):	the approp	oriate personnel unless a	outhorized by the EMS sy	ystem and approved by IDPH for the
Alternate re	sponder au	thorization s	econdary r	esponse vehicle		
	ıment all n	nedical care p		icle meets the equipment and submit documentatio	nt requirements. n to the EMS system wit	hin 24 hours

· Have two-way ambulance-to-hospital communications capability on a frequency determined and assigned by IDPH.

Comply with the resource hospital's communication plan.



Springfield Fire Department

Fire Chief Ed Canny			
Alternate Response Provider Dir	ector (Print/Type Name)		
Canny, Edward	Digitally signed by Canny, Edward Date: 2023.09.18 11:53:22 -05'00'	9/18/2023	
Alternate Response Provider Dir	ector Signature	Date	
Dr. Mathew	Johnston		
EMS Medical Director (Print/Typ	e Name)		
EMS Medical Director Signature		10/25/2023 Date	



Emergency Medical Services (EMS) Systems Vehicle Service Provider Letter of Commitment

Resource Hospital Name Springf	eld Memorial		The state of the s	
Mailing Address 700 N 1st St				
City Springfield			State IL	ZIP Code 62781
Vehicle Service Provider Name S	pringfield Polic	e Emergency Response	Геат	
Provider Number 3186 NT		EMS System Na	me <u>0327</u>	
Emergency Contact Name and Tit	le William Wo	olsey/ SGT		
Cell Phone 217-494-3405	E-r	mail Address william.wo	olsey@springfield.il.us	
This letter shall serve as a commi	ment by Spring	gfield Police Emergency	Response Team as a par	ticipating EMS Provider in 0327.
As outlined in Section 515.810 an • List of all vehicles, including level of service.				ormation is attached: tment license number, base location, and
 Description of each vehicle 				ices.
Definition of primary, second				
 Map (s) indicating the base service area. 	locations of ea	ach EMS vehicle, the pop	ulation base of each ser	vice area, and square mileage of the
when an EMS vehicle is res	ponding to a ca	er providers and/or a de all and a simultaneous ca	escription of own back-u all is received for service	p system that details adequate coverage within that vehicle's coverage area.
Copy of current FCC license List of all passaged provide				
expiration dates.	ig pre-nospital	i care and level of licensi	are (only copy of highest	level of licensure), license numbers, and
I /we commit to the following:				
 Not operate any of our amb support, advanced life support ambulance service upgra 	ort), unless the	e vehicle is operated pur	for which it is licensed (suant to an EMS system	basic life support, intermediate life approved in-field service level upgrade
 Provide 24-hour, seven-day 	-a-week covera	age at our highest level o	of care. (Check all that ap	oply)
ALS ILS AE	VIT 🛛 BLS	□ сст		
I/we commit to following the open (Check all that apply)	ational require	ements for staffing altera	tions authorized by the	EMS system and submitted to IDPH.
☐ Alternate Rural Staffing				
☐ Alternate Response				
☐ Alternate Response-Secon	dary Response	Vehicle		
☐ Alternate Staffing for Priva				
☐ Rural Population Staffing C				
☐ Critical Care Transport (CC		¥7		*
		of Tier II and/or Tier III s	services shall be staffed t	with the minimum requirements
I/we agree to:		• *************************************	•	77-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-

Page 1 of 3

· Promptly and completely document an appropriate run report and submit data according to the most current version of NEMSIS

· Emergency services, which an EMS vehicle is authorized to provide, shall not be denied on the basis of patient's ethnicity, gender,

(i.e., NEMSIS 3 for each emergency call, as required by the EMS System and IDPH).

creed, nationality, religious beliefs, sexual preference, or ability to pay for such services.



Emergency Medical Services (EMS) Systems Vehicle Service Provider Letter of Commitment

Springfield Police Emergency Response Team

- Continuously carry and maintain the required equipment in working order at all times, and to carry and properly store
 medications and equipment required by the EMS system.
- Notify the EMS medical director of any changes in personnel providing pre-hospital care in the EMS system in accordance with the EMS manual policies.
- Continuously follow the approved EMS policies and protocols of the EMS system.
- Maintain the optimum response times up to six minutes in primary coverage areas, 6 to 15 minutes in secondary coverage areas, and 15 to 20 minutes in outlying coverage areas.

As outlined in Section 515.400 General Communications d), I/we commit to:

engines that contain the staff and equipment by this section.

- · Have continuous two-way ambulance-to-hospital communications capability on a frequency determined and assigned by IDPH.
- Comply with the resource hospital's communication plan.

As outlined in Section 515.350 Data Collection and Submission a) 1 and 2), I/we commit to:

- · Completing a run report for every emergency pre-hospital or inter-hospital transport and for refusal of care.
- Leaving one copy, paper or electronic, with the receiving hospital emergency department, trauma center, or health care facility before leaving the facility.

Transport provider who also has alternate response vehicle(s)

I/we agree to staff, to equip, and to operate the following (check all that apply) according to the Section 515.835	and provide
documentation of medical care provided to the EMS system within 24 hours.	

	imbulance assistance vehicles, which are dispatched simultaneously with an ambulance and assist with patient care prior to the
а	rrival of the ambulance (ambulance assistance vehicles shall not function as assist vehicles if staff and equipment required by
ti	his section are not available).
M M	Ion-transport vehicles, which are dispatched prior to dispatch of a transporting ambulance and include ambulances and fire

Sgt. William T Woolsey	
Vehicle Service Provider Director (Print/Type Name)	
SUT. Z. 7.7	10/19/2023
Vehicle Service Provider Director Signature	Date



Comply with the resource hospital's communication plan.

Resource Hospita	I Name Sp	ringfield Mer	norial Hosp	pital (Formerly Memor	ial Medical Center)	
Mailing Address	701 N 1st	St.				
City Springfield					State IL	ZIP Code 62781
Alternate Respon	se Provide	r Name <u>Tayl</u> e	orville Fire	Department		
Provider Number	03456			EMS System Nam	e Memorial EMS	
Emergency Conta	ict Name a	nd Title Mat	thew Aderr	mann, Fire Chief		
Cell Phone 618-2	267-5223		Email	Address tfdchief@tay	lorville.net	
This letter shall s	erve as a co	ommitment b	y Taylorvill	le Fire Department as a	a participating EMS	Provider in Memorial EMS.
As outlined in 77 Check all that app		ode 515.825 o	f the EMS	Rules and Regulations,	I/we commit to the	e following:
with patien	t care prior	to the arriva	l of the am	nich are dispatched onl abulance and will conti owing levels (check all	nuously comply witl	nultaneously with an ambulance and assist h Section 515.820(a) and 825 (c). These
1				☐ First Responder stion as assist vehicles in the system and submit		nt required by this Section are not available roval.
dispatch of	a transport		ce and will	continuously comply v		s of the year, and dispatched prior to 5(b) and 825(c). These vehicle(s) are staffed
ALS	☐ ILS	☐ AEMT	BLS	First Responder		
I/we agree to ope following (check a			the approp	priate personnel unles	s authorized by the	EMS system and approved by IDPH for the
	sponder a	uthorization				
Alternate re	sponder a	uthorization s	econdary r	response vehicle		
	ument all r	nedical care p		icle meets the equipm nd submit documentat		em within 24 hours
 Have two-wa 	y ambulan	ce-to-hospita	I communi	ications capability on a	frequency determine	ned and assigned by IDPH.



Taylorville Fire Department

Matthew Adermann			
Alternate Response Provider Directo	or (Print/Type Name)		
Matthew Adermann	Digitally signed by Matthew Adermann Date: 2023.09.15 14:08:35 -05'00'	09/14/2023	
Alternate Response Provider Director Signature		Date	
	w Johnston		
EMS Medical Director (Print/Type Na	ame)		
EMS Medical Director Signature		10/25/2023 Date	



Comply with the resource hospital's communication plan.

Resource Hospital Name Springfield	Memorial Hos	pital (formerly Memorial Medical Center	7
Mailing Address 701 N. 1st St			
City Springfield		State IL	ZIP Code 62/81
Alternate Response Provider Name	Waverly Volunt	teer Fire Department and Rescue Squad	
Provider Number 3424		EMS System Name Memorial EMS	
Emergency Contact Name and Title	Jason Shumake	er Fire Chief	
Cell Phone 618-772-9002	Email	Address WVFRS@yahoo.com	
This letter shall serve as a commitm Memorial EMS.	ent by Waverly	Volunteer Fire Department and Rescue	Squad as a participating EMS Provider in
As outlined in 77 III Adm. Code 515.	825 of the EMS	Rules and Regulations, I/we commit to t	the following:
Check all that apply:			-
with patient care prior to the	rrival of the am	nich are dispatched only as needed and a bulance and will continuously comply w owing levels (check all that apply):	simultaneously with an ambulance and assist vith Section 515.820(a) and 825 (c). These
ALS ILS AE	MT BLS	First Responder	
 Ambulance assistance vehicl 	es shall not fund	ction as assist vehicles if staff and equipm	ment required by this Section are not available
		MS system and submitted to IDPH for ap	
Agency includes non-transport dispatch of a transporting amb and equipped at the following	ulance and will	d and equipped 24 hours per day, 365 da continuously comply with Section 515.8 I that apply):	ays of the year, and dispatched prior to \$25(b) and 825(c). These vehicle(s) are staffed
ALS ILS AE	MT 🗌 BLS		
I/we agree to operate the vehicle(s) following (check all that apply):	with the approp	priate personnel unless authorized by th	e EMS system and approved by IDPH for the
☐ Alternate responder authoriza	tion		
Alternate responder authoriza	tion secondary i	response vehicle	
• Each vehicle used as an alterna	te response veh	nicle meets the equipment requirements	•
		nd submit documentation to the EMS sy	
 Attach a current staff roster. 		ementere en esta competit de montant de plantité de d'est de 200 et	
 Have two-way ambulance-to-ho 	spital communi	ications capability on a frequency deterr	nined and assigned by IDPH.



Waverly Volunteer Fire Department and Rescue Squad

Jason Shumaker Fire Chief	
Alternate Response Provider Director (Print/Type Name) Alternate Response Provider Director Signature	10/12/2023 Date
EMS Medical Director (Print/Type Name)	
EMS Medical Director Signature	10/25/2023 Date



· Comply with the resource hospital's communication plan.

Resource Hospital Name Springfield Memorial Hos	spital (formerly Memorial I	Medical Center)		
Mailing Address 701 N. 1st Street				
City Springfield	:	State IL	ZIP Code 62781	
Alternate Response Provider Name Williamsville F	ire Protection District			
Provider Number 3153	EMS System Name	Memorial EMS		
Emergency Contact Name and Title Alec Tucker, Fi	re Chief			
Cell Phone 217-361-5132 Email	Address atucker@william	nsvillefire.illinois.gov		
This letter shall serve as a commitment by Williams	sville Fire Protection Distric	ct as a participating EMS Provide	r in Memorial EMS.	
As outlined in 77 III Adm. Code 515.825 of the EMS	Rules and Regulations, I/v	we commit to the following:		
Check all that apply:				
Agency includes ambulance assist vehicles, w with patient care prior to the arrival of the ar vehicle(s) are staffed and equipped at the following	nbulance and will continue	ously comply with Section 515.82	th an ambulance and assist 20(a) and 825 (c). These	
☐ ALS ☐ ILS ☐ AEMT ☒ BLS	☐ First Responder			
* Ambulance assistance vehicles shall not fun		off and equipment required by ti	his Section are not available.	
☐ In-field upgrade has been authorized by the E	MS system and submitted	to IDPH for approval.		
Agency includes non-transport vehicles staffed and equipped 24 hours per day, 365 days of the year, and dispatched prior to dispatch of a transporting ambulance and will continuously comply with Section 515.825(b) and 825(c). These vehicle(s) are staffed and equipped at the following levels (check all that apply):				
☐ ALS ☐ ILS ☐ AEMT 🗵 BLS	☐ First Responder			
I/we agree to operate the vehicle(s) with the approfollowing (check all that apply):	priate personnel unless au	ithorized by the EMS system and	approved by IDPH for the	
Alternate responder authorization secondary	response vehicle			
 Each vehicle used as an alternate response vel 	nicle meets the equipment	t requirements.		
 Agree to document all medical care provided a 	nd submit documentation	to the EMS system within 24 ho	urs	
Attach a current staff roster.		assertan 2011/06 (1910) (1. #. 1822/2011) (1) (1) (1) (1) (1) (1) (1) (1)		
 Have two-way ambulance-to-hospital commun 	ications capability on a fre	equency determined and assigned	d by IDPH.	



Williamsville Fire Protection District

Alec Tucker		
Alternate Response Provider Director (Print/Type Name)	9/22/2023	
Alternate Response Provider Director Signature	Date	
Dr. Matthew Johnston		
EMS Medical Director (Print/Type Name)		
EMS Medical Director Signature	10/25/2023	

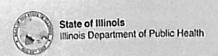


Resource Hospital Name Memorial Medical Center			
Mailing Address 701 North 1st Street			
City Springfield		State IL	ZIP Code <u>62781</u>
Alternate Response Provider Name Winchester EMS			
Provider Number 3096	EMS System Name	Memorial EMS 0327	
Emergency Contact Name and Title Jennifer McMiller	TREASURER		
Cell Phone 217-248-9692 Email Ad	Idress winchesterems	@yahoo.com	
This letter shall serve as a commitment by Winchester	EMS as a participating	g EMS Provider in Memorial EMS	0327.
As outlined in 77 III Adm. Code 515.825 of the EMS Ru	les and Regulations, I/	we commit to the following:	
Check all that apply:			
Agency includes ambulance assist vehicles, which with patient care prior to the arrival of the ambu- vehicle(s) are staffed and equipped at the follow	lance and will continu	ously comply with Section 515.82	
☐ ALS ☐ ILS ☐ AEMT ☒ BLS	First Responder		
* Ambulance assistance vehicles shall not function	on as assist vehicles if s	taff and equipment required by t	his Section are not available.
	system and submitte	d to IDPH for approval.	
Agency includes non-transport vehicles staffed a dispatch of a transporting ambulance and will co and equipped at the following levels (check all the	ontinuously comply wit		
ALS ILS AEMT BLS	First Responder		
I/we agree to operate the vehicle(s) with the appropri following (check all that apply):	iate personnel unless a	outhorized by the EMS system and	d approved by IDPH for the
Alternate responder authorization			
☐ Alternate responder authorization secondary re	sponse vehicle		
Each vehicle used as an alternate response vehicle.	le meets the equipme	nt requirements.	
Agree to document all medical care provided and	submit documentatio	n to the EMS system within 24 ho	urs
Attach a current staff roster.			
Have two-way ambulance-to-hospital communication	ations capability on a f	requency determined and assigne	d by IDPH.
Comply with the resource hospital's communication	ion plan.		

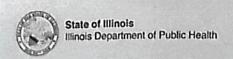


Winchester EMS

Randy Dolen, President	
Alternate Response Provider Director (Print/Type Name)	
Pad Joh	10-04-24
Alternate Response Provider Director Signature	Date
Dr. Marthey Johnston	
EMS Medical Director (Print/Type Name)	
And the same of th	10/25/2023



Resource Hospital Name Springfield Memorial Hospital
Mailing Address 701 N 1st St.
City Springfield State IL ZIP Code 62781
Alternate Response Provider Name Woodson Fire Protection District
Provider Number 3126 NT EMS System Name Memorial EMS
Emergency Contact Name and Title Dave Banks Fire Chief
Cell Phone 217-720-8050 Email Address banks david 416 @ gmail. com
This letter shall serve as a commitment by as a participating EMS Provider in .
As outlined in 77 III Adm. Code 515.825 of the EMS Rules and Regulations, I/we commit to the following: Check all that apply:
Agency includes ambulance assist vehicles, which are dispatched only as needed and simultaneously with an ambulance and assist with patient care prior to the arrival of the ambulance and will continuously comply with Section 515.820(a) and 825 (c). These vehicle(s) are staffed and equipped at the following levels (check all that apply):
☐ ALS ☐ ILS ☐ AEMT ☐ BLS ☑ First Responder * Ambulance assistance vehicles shall not function as assist vehicles if staff and equipment required by this Section are not available.
☐ In-field upgrade has been authorized by the EMS system and submitted to IDPH for approval.
Agency includes non-transport vehicles staffed and equipped 24 hours per day, 365 days of the year, and dispatched prior to dispatch of a transporting ambulance and will continuously comply with Section 515.825(b) and 825(c). These vehicle(s) are staffed and equipped at the following levels (check all that apply):
☐ ALS ☐ ILS ☐ AEMT ☐ BLS ☒ First Responder
I/we agree to operate the vehicle(s) with the appropriate personnel unless authorized by the EMS system and approved by IDPH for the following (check all that apply):
☐ Alternate responder authorization
Alternate responder authorization secondary response vehicle
Each vehicle used as an alternate response vehicle meets the equipment requirements.
Agree to document all medical care provided and submit documentation to the EMS system within 24 hours Attach a current staff roster.
Have two-way ambulance-to-hospital communications capability on a frequency determined and assigned by IDPH. Comply with the resource hospital's communications are a frequency determined and assigned by IDPH.
Comply with the resource hospital's communication plan.



David O Banks TI Alternate Response Provider Director (Print/Type Name)		
Alternate Response Provider Director Signature	10/23/2023 Date	
Dr. Matthew Johnston EMS Medical Director (Print/Type Name)		
EMS Medical Director also ture		