



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 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 Ill 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

☒ 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):

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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 communication plan.



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

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.

Andy Wright

Alternate Response Provider Director (Print/Type Name)

Verbal for Andy Wright

Alternate Response Provider Director Signature

10/25/2023

Date

Dr. Matthew Johnston

EMS Medical Director (Print/Type Name)

[Signature]

EMS Medical Director Signature

10/25/2023

Date



State of Illinois
Illinois Department of Public Health

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 State IL ZIP Code 62781

Alternate Response Provider Name AMT of Springfield dba Medics First

Provider Number 03 3528NT EMS System Name Memorial EMS

Emergency Contact Name and Title Sara Rolando, Director of Operations

Cell Phone 217-494-6518 Email Address srolando@medicsfirst.com

This letter shall serve as a commitment by AMT of Springfield dba Medics First as a participating EMS Provider in Memorial EMS.

As outlined in 77 Ill Adm. Code 515.825 of the EMS Rules and Regulations, I/we commit to the following:

Check all that apply:

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State of Illinois
Illinois Department of Public Health

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

AMT of Springfield dba Medics First

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Sara Rolando, Director of Operations

Alternate Response Provider Director (Print/Type Name)

Alternate Response Provider Director Signature

10/3/2023

Date

Dr. Matthew Johnston

EMS Medical Director (Print/Type Name)

EMS Medical Director Signature

10/25/2023

Date



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

State IL

ZIP Code 62781

Alternate Response Provider Name Arenzville Fire Protection District

Provider Number 3C35

EMS System Name Memorial EMS

Emergency Contact Name and Title Chris Privia - Chief

Cell Phone 217-248-1474

Email Address bills_service@outlook.com

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State of Illinois
Illinois Department of Public Health

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CHRIS PRIVERA

Alternate Response Provider Director (Print/Type Name)

[Signature]

Alternate Response Provider Director Signature

10-17-23

Date

Dr. Matt Schuster

EMS Medical Director (Print/Type Name)

[Signature]

EMS Medical Director Signature

10-25-23

Date



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

Resource Hospital Name SPRINGFIELD MEMORIAL HOSPITAL (FORMELY 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 EMS

Emergency Contact Name and Title Tyler S. Lathom

Cell Phone 217-370-1669 Email Address ASHLANDFPD@YAHOO.COM

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State of Illinois
Illinois Department of Public Health

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

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.

Tyler S. Lathom

Alternate Response Provider Director (Print/Type Name)

Tyler S. Lathom

Alternate Response Provider Director Signature

10/17/2023

Date

Dr. Matthew Johnston

EMS Medical Director (Print/Type Name)

[Signature]

EMS Medical Director Signature

10/25/2023

Date

1 Oct. 13, 2023 10:43AM

Let No. 0138 Co P. 2 Commitment

Resource Hospital Name Springfield Memorial Hospital
Mailing Address 701 N 1st Street
City Springfield State IL ZIP Code 62781
Alternate Response Provider Name Chandlerville Volunteer Fire
Provider Number 0327 EMS System Name Memorial EMS
Emergency Contact Name and Title Patricia Blair - EMT
Cell Phone 217 473-6205 Email Address pbblair50@Casscomm.com

This letter shall serve as a commitment by as a participating EMS Provider in .

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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):

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Oct. 13. 2023 10:43AM

No. 0138 P. 3



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)

10-12-23

Date

Dr. Matthew Johnston

EMS Medical Director (Print/Type Name)

10/25/2023

Date



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

Resource Hospital Name Springfield Memorial Hospital

Mailing Address 701 N First St

City Springfield

State IL

ZIP Code 62781

Alternate Response Provider Name City of Beardstown

Provider Number 3452

EMS System Name Memorial EMS

Emergency Contact Name and Title Eric Brockhouse, Lead

Cell Phone 217-841-5438

Email Address ebrockhouse05@yahoo.com

This letter shall serve as a commitment by City of Beardstown as a participating EMS Provider in Memorial EMS.

As outlined in 77 Ill Adm. Code 515.825 of the EMS Rules and Regulations, I/we commit to the following:

Check all that apply:

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State of Illinois
Illinois Department of Public Health

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

City of Beardstown

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Eric Brockhouse

Alternate Response Provider Director (Print/Type Name)

Verbal for Eric Brockhouse

Alternate Response Provider Director Signature

10/25/2023

Date

Dr. Matthew Johnston

EMS Medical Director (Print/Type Name)

[Signature]

EMS Medical Director Signature

10/25/2023

Date



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

Resource Hospital Name Springfield Memorial Hospital

Mailing Address 701 N 1st Street

City Springfield State IL ZIP Code 62781

Alternate Response Provider Name EMden Fire Department

Provider Number EMS241837 EMS System Name Memorial

Emergency Contact Name and Title Gail Alberts EMT-B

Cell Phone 217-871-2275 Email Address farmergirlgail@gmail.com

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

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Gail D. Alberts

Alternate Response Provider Director (Print/Type Name)

Gail D. Alberts

Alternate Response Provider Director Signature

10-22-23

Date

Dr. Matthew Johnston

EMS Medical Director (Print/Type Name)

EMS Medical Director Signature

10/25/2023

Date



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

Resource Hospital Name Springfield Memorial Hospital

Mailing Address 701 N. 1st Street

City Springfield

State IL

ZIP Code 62781

Alternate Response Provider Name Hartsburg Fire Protection District

Provider Number 3136

EMS System Name Hartsburg Fire Protection District 0327

Emergency Contact Name and Title Christopher D Bowling - Fire Chief

Cell Phone 3096607333

Email Address hartsburgfireandrescue@gmail.com

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State of Illinois
Illinois Department of Public Health

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

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Christopher D. Bowling

Alternate Response Provider Director (Print/Type Name)

Alternate Response Provider Director Signature

25 Oct 2023

Date

Matt Johnson MD

EMS Medical Director (Print/Type Name)

EMS Medical Director Signature

10-27-23

Date



State of Illinois
Illinois Department of Public Health

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

Resource Hospital Name Springfield Memorial Hospital

Mailing Address 701 N. 1st Street

City Springfield

State Illinois

ZIP Code 62781

Alternate Response Provider Name Jacksonville Fire Department

Provider Number 03 3115NT

EMS System Name Memorial EMS

Emergency Contact Name and Title Doug Sills, Fire Chief

Cell Phone 217-370-1087

Email Address jfdchief@jacksonvilleil.com

This letter shall serve as a commitment by Jacksonville Fire Department as a participating EMS Provider in Memorial EMS.

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Check all that apply:

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State of Illinois
Illinois Department of Public Health

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

Jacksonville Fire Department

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.

Douglas R. Sills

Alternate Response Provider Director (Print/Type Name)

Alternate Response Provider Director Signature

10/13/2023

Date

Dr. Matthew Johnston
EMS Medical Director (Print/Type Name)

EMS Medical Director Signature

10/25/2023

Date



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

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, Operations Manager

Cell Phone 217-416-8186

Email Address Rachel@lifestarambulance.net

This letter shall serve as a commitment by Life Star Ambulance Service, Inc. as a participating EMS Provider in LifeStar Ambulance.

As outlined in 77 Ill Adm. Code 515.825 of the EMS Rules and Regulations, I/we commit to the following:

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

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Rachel Compardo

Alternate Response Provider Director (Print/Type Name)


Alternate Response Provider Director Signature

10/12/2023

Date

Dr. Matthew Johnston

EMS Medical Director (Print/Type Name)


EMS Medical Director Signature

10/25/2023

Date



State of Illinois
Illinois Department of Public Health

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

Resource Hospital Name Springfield Abraham Lincoln Memorial Hospital
Mailing Address 200 Stahlhut Dr. 701 N 1st St
City Lincoln Spfld State IL ZIP Code 62787
Alternate Response Provider Name Lincoln Rural Fire Department
Provider Number 217-732-6697 EMS System Name 0327
Emergency Contact Name and Title Trevor Matheny - Captain
Cell Phone 217-737-2337 Email Address trevormatheny@gmail.com

This letter shall serve as a commitment by as a participating EMS Provider in .

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State of Illinois
Illinois Department of Public Health

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

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Trevor Matheny

Alternate Response Provider Director (Print/Type Name)

Trevor Matheny
Alternate Response Provider Director Signature

10/17/2023
Date

Dr. Matthew Johnston
EMS Medical Director (Print/Type Name)

[Signature]
EMS Medical Director Signature

10/25/2023
Date



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 State IL ZIP Code 62781

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 Ill 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 communication plan.



State of Illinois
Illinois Department of Public Health

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

Logan County Paramedic Association, Inc.

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.

Crystal L. Bale

Alternate Response Provider Director (Print/Type Name)

Verbal for Crystal Bale

Alternate Response Provider Director Signature

9/29/2023

Date

Dr. Matthew Johnston

EMS Medical Director (Print/Type Name)

[Signature]

EMS Medical Director Signature

10/25/2023

Date



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

Resource Hospital Name Springfield Memorial Hospital (formerly Memorial Medical Center)

Mailing Address 701 N 1st St

City Springfield

State IL

ZIP Code 62781

Vehicle Service Provider Name Memorial Medical Center

Provider Number ~~449~~ 3423

EMS System Name Memorial EMS 0327

Emergency Contact Name and Title Sara Brown

Cell Phone 217-414-1717

E-mail Address brown.sara@mhsil.com

This letter shall serve as a commitment by Memorial Medical Center as a participating EMS Provider in Memorial EMS 0327.

As outlined in Section 515.810 and 515.8130 of the EMS Rules and Regulations, the following information is attached:

- List of all vehicles, including year, model, make, VIN number, license plate number, department license number, base location, and level of service.
- Description of each vehicle's role in providing pre-hospital care and patient transport services.
- Definition of primary, secondary, and outlining areas of response for each EMS vehicle.
- Map (s) indicating the base locations of each EMS vehicle, the population base of each service area, and square mileage of the service area.
- Copies of mutual aid agreements with other providers and/or a description of own back-up system that details adequate coverage when an EMS vehicle is responding to a call and a simultaneous call is received for service within that vehicle's coverage area.
- Copy of current FCC license.
- List of all personnel providing pre-hospital care and level of licensure (only copy of highest level of licensure), license numbers, and expiration dates.

I/we commit to the following:

- Not operate any of our ambulance(s) at a level exceeding the level for which it is licensed (basic life support, intermediate life support, advanced life support), unless the vehicle is operated pursuant to an EMS system approved in-field service level upgrade or ambulance service upgrades – rural population.
 - Provide 24-hour, seven-day-a-week coverage at our highest level of care. (Check all that apply)
- ☐ ALS ☐ ILS ☐ AEMT ☒ BLS ☐ CCT

I/we commit to following the operational requirements for staffing alterations authorized by the EMS system and submitted to IDPH. (Check all that apply)

- ☐ Alternate Rural Staffing
- ☐ Alternate Response
- ☐ Alternate Response-Secondary Response Vehicle
- ☐ Alternate Staffing for Private Ambulance Providers
- ☐ Rural Population Staffing Credentialing Exemption
- ☐ Critical Care Transport (CCT)
- ☐ Each CCT ambulance during the provision of Tier II and/or Tier III services shall be staffed with the minimum requirements

I/we agree to:

- Promptly and completely document an appropriate run report and submit data according 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.



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)

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)

Vehicle Service Provider Director Signature

10/16/2023

Date



State of Illinois
Illinois Department of Public Health

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

Resource Hospital Name Memorial Medical Center
Mailing Address 701 N 1st Street
City Springfield State IL ZIP Code 62761
Alternate Response Provider Name Middletown Rescue
Provider Number 03 3155 IVT EMS System Name Memorial Ems
Emergency Contact Name and Title Cody Peddicord
Cell Phone 217-737-6227 Email Address cpeddicord@middletownfirerescue.com
This letter shall serve as a commitment by as a participating EMS Provider in.

As outlined in 77 Ill 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 communication plan.



State of Illinois
Illinois Department of Public Health

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

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.

Cody Peckarski

Alternate Response Provider Director (Print/Type Name)

Cody Peckarski

Alternate Response Provider Director Signature

10-26-23

Date

Matt Schuster MD

EMS Medical Director (Print/Type Name)

[Signature]

EMS Medical Director Signature

10-27-23

Date



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

State IL

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 Memorial EMS (Memorial Provider # = 0327)

Emergency Contact Name and Title Curt Stephens (New Berlin EMS Chief)

Cell Phone 217-801-0911

Email Address emschief40@yahoo.com

This letter shall serve as a commitment by New Berlin-Island Grove Fire Protection District (aka New Berlin EMS) as a participating EMS Provider in Memorial EMS (Memorial Provider # = 0327).

As outlined in 77 Ill 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 communication plan.



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

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

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.

Curt Stephens (New Berlin EMS Chief)

Alternate Response Provider Director (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 Director Signature

Date

Dr. Matthew Johnston

EMS Medical Director (Print/Type Name)

EMS Medical Director Signature

10/25/2023
Date



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 State IL ZIP Code 62781

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 District as a participating EMS Provider in Memorial EMS.

As outlined in 77 Ill 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 communication plan.



State of Illinois
Illinois Department of Public Health

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

New Holland Fire Protection District

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.

Dan Dean - Chief

Alternate Response Provider Director (Print/Type Name)

X. Dan Dean

Alternate Response Provider Director Signature

10/18/2023

Date

Dr. Matthew Johnston

EMS Medical Director (Print/Type Name)

[Signature]

EMS Medical Director Signature

10/25/2023

Date



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

State IL

ZIP Code 62781

Alternate Response Provider Name Northwestern Area Ambulance & Rescue Squad

Provider Number 033435

EMS System Name Memorial EMS

Emergency Contact Name and Title Brandon Oxley | Training Officer

Cell Phone (217)971-1476

Email Address brandonmoxley83@gmail.com

This letter shall serve as a commitment by Northwestern Area Ambulance & Rescue Squad as a participating EMS Provider in Memorial EMS.

As outlined in 77 Ill 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 communication plan.



State of Illinois
Illinois Department of Public Health

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

Northwestern Area Ambulance & Rescue Squad

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.

Douglas Oxley

Alternate Response Provider Director (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 Director Signature

Date

Dr. Matt Sohsten

EMS Medical Director (Print/Type Name)

EMS Medical Director Signature

10/25/23

Date



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

Resource Hospital Name Springfield Memorial Hospital
Mailing Address 701 N 1st
City Springfield State Illinois ZIP Code 62781
Alternate Response Provider Name Pana Fire Department
Provider Number 6444NT EMS System Name Springfield Memorial EMS
Emergency Contact Name and Title Chief Rodney Bland
Cell Phone 217-246-5721 Email Address RblandPFD@hotmail.com

This letter shall serve as a commitment by as a participating EMS Provider in .

As outlined in 77 Ill 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 communication plan.



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

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.

Chief Rodney Bland

Alternate Response Provider Director (Print/Type Name)

Rodney L. Bland

Alternate Response Provider Director Signature

11/10/23

Date

Matthew Schuster, MD

EMS Medical Director (Print/Type Name)

[Signature]

EMS Medical Director Signature

11-13-23

Date

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 St.

City Springfield

State IL

ZIP Code 62781

Alternate Response Provider Name Petersburg Community Fire Protection 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 Address halschirding@gmail.com

This letter shall serve as a commitment by as a participating EMS Provider in .

As outlined in 77 Ill 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 communication plan.

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

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.

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



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 St

City Springfield

State IL

ZIP Code 62781

Alternate Response Provider Name Rochester Fire Protection District

Provider Number 3123

EMS System Name Memorial EMS

Emergency Contact Name and Title Kirk Polley - Deputy Chief

Cell Phone 217-299-7530

Email Address kirk.polley@rochesterfirerescue.org

This letter shall serve as a commitment by Rochester Fire Protection District as a participating EMS Provider in Memorial EMS.

As outlined in 77 Ill 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 communication plan.



State of Illinois
Illinois Department of Public Health

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

Rochester Fire Protection District

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.

Kirk Polley

Alternate Response Provider Director (Print/Type Name)

Kirk Polley

Digitally signed by Kirk Polley
Date: 2023.09.13 13:52:51 -05'00'

Alternate Response Provider Director Signature

9/13/2023

Date

Dr. Matthew Johnston

EMS Medical Director (Print/Type Name)

[Signature]

EMS Medical Director Signature

10/25/2023
Date



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

State IL

ZIP Code 62781

Alternate Response Provider Name Sherman Fire Protection 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 Address tmasterhan@shermanfire.org

This letter shall serve as a commitment by Sherman Fire Protection District as a participating EMS Provider in Memorial EMS.

As outlined in 77 Ill 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 communication plan.



State of Illinois
Illinois Department of Public Health

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

Sherman Fire Protection District

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.

Todd Masterhan

Alternate Response Provider Director (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 Director Signature

Date

Dr. Matthew Johnston

EMS Medical Director (Print/Type Name)

EMS Medical Director Signature

10/25/2023
Date



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 State IL ZIP Code 62781

Alternate Response Provider Name South Jacksonville Fire Dept.

Provider Number 3001 EMS System Name Memorial EMS

Emergency Contact Name and Title Richard Evans Jr.

Cell Phone 217-370-3867 Email Address sjfd@southjacksonville.org

This letter shall serve as a commitment by South Jacksonville Fire Dept. as a participating EMS Provider in Memorial EMS.

As outlined in 77 Ill 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 communication plan.



State of Illinois
Illinois Department of Public Health

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

South Jacksonville Fire Dept.

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.

Chief Richard Evans Jr.

Alternate Response Provider Director (Print/Type Name)

Richard A. Evans Jr.

Alternate Response Provider Director Signature

10/16/23

Date

Dr. Matthew Johnston

EMS Medical Director (Print/Type Name)

[Signature]

EMS Medical Director Signature

10/25/2023

Date



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 State IL ZIP Code 62781

Alternate Response Provider Name Springfield Fire Department

Provider Number _____ EMS System Name Memorial EMS

Emergency Contact Name and Title Darbin Calvert

Cell Phone 217-588-1022 Email Address darbin.calvert@springfield.il.us

This letter shall serve as a commitment by Springfield Fire Department as a participating EMS Provider in Memorial EMS.

As outlined in 77 Ill 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 communication plan.



State of Illinois
Illinois Department of Public Health

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

Springfield Fire Department

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.

Fire Chief Ed Canny

Alternate Response Provider Director (Print/Type Name)

Canny, Edward

Digitally signed by Canny, Edward
Date: 2023.09.18 11:53:22 -05'00'

Alternate Response Provider Director Signature

9/18/2023

Date

Dr. Matthew Johnston

EMS Medical Director (Print/Type Name)

EMS Medical Director Signature

10/25/2023

Date



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

Resource Hospital Name Springfield Memorial

Mailing Address 700 N 1st St

City Springfield State IL ZIP Code 62781

Vehicle Service Provider Name Springfield Police Emergency Response Team

Provider Number 3186 NT EMS System Name 0327

Emergency Contact Name and Title William Woolsey/ SGT

Cell Phone 217-494-3405 E-mail Address william.woolsey@springfield.il.us

This letter shall serve as a commitment by Springfield Police Emergency Response Team as a participating EMS Provider in 0327.

As outlined in Section 515.810 and 515.8130 of the EMS Rules and Regulations, the following information is attached:

- List of all vehicles, including year, model, make, VIN number, license plate number, department license number, base location, and level of service.
- Description of each vehicle's role in providing pre-hospital care and patient transport services.
- Definition of primary, secondary, and outlining areas of response for each EMS vehicle.
- Map (s) indicating the base locations of each EMS vehicle, the population base of each service area, and square mileage of the service area.
- Copies of mutual aid agreements with other providers and/or a description of own back-up system that details adequate coverage when an EMS vehicle is responding to a call and a simultaneous call is received for service within that vehicle's coverage area.
- Copy of current FCC license.
- List of all personnel providing pre-hospital care and level of licensure (only copy of highest level of licensure), license numbers, and expiration dates.

I/we commit to the following:

- Not operate any of our ambulance(s) at a level exceeding the level for which it is licensed (basic life support, intermediate life support, advanced life support), unless the vehicle is operated pursuant to an EMS system approved in-field service level upgrade or ambulance service upgrades – rural population.
- Provide 24-hour, seven-day-a-week coverage at our highest level of care. (Check all that apply)

☐ ALS ☐ ILS ☐ AEMT ☒ BLS ☐ CCT

I/we commit to following the operational requirements for staffing alterations authorized by the EMS system and submitted to IDPH.
(Check all that apply)

- ☐ Alternate Rural Staffing
- ☐ Alternate Response
- ☐ Alternate Response-Secondary Response Vehicle
- ☐ Alternate Staffing for Private Ambulance Providers
- ☐ Rural Population Staffing Credentialing Exemption
- ☐ Critical Care Transport (CCT)
- ☐ Each CCT ambulance during the provision of Tier II and/or Tier III services shall be staffed with the minimum requirements

I/we agree to:

- Promptly and completely document an appropriate run report and submit data according 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.



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:

- 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.

- ☐ 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.

Sgt. William T Woolsey

Vehicle Service Provider Director (Print/Type Name)

Sgt. W. T. Woolsey
Vehicle Service Provider Director Signature

10/19/2023

Date



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 St.

City Springfield

State IL

ZIP Code 62781

Alternate Response Provider Name Taylorville Fire Department

Provider Number 03456

EMS System Name Memorial EMS

Emergency Contact Name and Title Matthew Adermann, Fire Chief

Cell Phone 618-267-5223

Email Address tfdchief@taylorville.net

This letter shall serve as a commitment by Taylorville Fire Department as a participating EMS Provider in Memorial EMS.

As outlined in 77 Ill 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 communication plan.



State of Illinois
Illinois Department of Public Health

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

Taylorville Fire Department

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.

Matthew Adermann

Alternate Response Provider Director (Print/Type Name)

Matthew Adermann

Digitally signed by Matthew Adermann
Date: 2023.09.15 14:08:35 -05'00'

Alternate Response Provider Director Signature

09/14/2023

Date

Dr. Matthew Johnston

EMS Medical Director (Print/Type Name)

EMS Medical Director Signature

10/25/2023

Date



State of Illinois
Illinois Department of Public Health

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 St

City Springfield

State IL

ZIP Code 62781

Alternate Response Provider Name Waverly Volunteer Fire Department and Rescue Squad

Provider Number 3424

EMS System Name Memorial EMS

Emergency Contact Name and Title Jason Shumaker Fire Chief

Cell Phone 618-772-9002

Email Address WVFRS@yahoo.com

This letter shall serve as a commitment by Waverly Volunteer Fire Department and Rescue Squad as a participating EMS Provider in Memorial EMS.

As outlined in 77 Ill 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 communication plan.



State of Illinois
Illinois Department of Public Health

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

Waverly Volunteer Fire Department and Rescue Squad

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.

Jason Shumaker Fire Chief

Alternate Response Provider Director (Print/Type Name)

Jason Shumaker

Alternate Response Provider Director Signature

10/12/2023

Date

Dr. Matthew Johnston

EMS Medical Director (Print/Type Name)

[Signature]

EMS Medical Director Signature

10/25/2023

Date



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 State IL ZIP Code 62781

Alternate Response Provider Name Williamsville Fire Protection District

Provider Number 3153 EMS System Name Memorial EMS

Emergency Contact Name and Title Alec Tucker, Fire Chief

Cell Phone 217-361-5132 Email Address atucker@williamsvillefire.illinois.gov

This letter shall serve as a commitment by Williamsville Fire Protection District as a participating EMS Provider in Memorial EMS.

As outlined in 77 Ill 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 communication plan.



State of Illinois
Illinois Department of Public Health

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

Williamsville Fire Protection District

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.

Alec Tucker

Alternate Response Provider Director (Print/Type Name)

Alternate Response Provider Director Signature

9/22/2023

Date

Dr. Matthew Johnston

EMS Medical Director (Print/Type Name)

EMS Medical Director Signature

10/25/2023

Date



State of Illinois
Illinois Department of Public Health

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

Resource Hospital Name Memorial Medical Center

Mailing Address 701 North 1st Street

City Springfield

State IL

ZIP Code 62781

Alternate Response Provider Name Winchester EMS

Provider Number 3096

EMS System Name Memorial EMS 0327

Emergency Contact Name and Title Jennifer McMillen TREASURER

Cell Phone 217-248-9692

Email Address winchesterems@yahoo.com

This letter shall serve as a commitment by Winchester EMS as a participating EMS Provider in Memorial EMS 0327.

As outlined in 77 Ill 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 communication plan.



State of Illinois
Illinois Department of Public Health

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

Winchester EMS

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.

Randy Dolen, President

Alternate Response Provider Director (Print/Type Name)

Alternate Response Provider Director Signature

10-04-24

Date

Dr. Matthew Johnston

EMS Medical Director (Print/Type Name)

EMS Medical Director Signature

10/25/2023

Date



State of Illinois
Illinois Department of Public Health

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

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 banksdavid416@gmail.com

This letter shall serve as a commitment by as a participating EMS Provider in.

As outlined in 77 Ill 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 communication plan.



State of Illinois
Illinois Department of Public Health

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

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.

David O. Banks III

Alternate Response Provider Director (Print/Type Name)

David O. Banks III

Alternate Response Provider Director Signature

10/23/2023

Date

Dr. Matthew Johnston

EMS Medical Director (Print/Type Name)

[Signature]

EMS Medical Director Signature

10/25/2023

Date