

Resource Hospital Name Memorial Medical Center			
Mailing Address 701 N 1 <sup>st</sup> St			
City Springfield	State Illinois	ZIP Code 62781	
EMD Agency Name Cass County E911	Agend	cy Number03 3004EMDA	
EMS System Memorial	EMDPRS Program Used Me	EMDPRS Program Used Medical Priorities	
Emergency Contact Name Victoria DeFord			
Cell Phone 217-452-7187 (W) E-mail Address	casscoe911@casscomm.com		
This letter shall serve as a commitment by as a Participating	EMD Provider in .		
As outlined in 77 III Adm. 515.710 of the EMS rules and regul the EMS Act and Code, including the following:	lations, commits to continuous complian	nce with all applicable provisions of	
<ul> <li>To use the emergency medical dispatch priority refere Medical Director on every request for medical assista</li> </ul>	ence system that complies with this Sect nce; and	tion and is approved by the EMS	
<ul> <li>To establish a continuous quality improvement (CQI) p</li> <li>The CQI program (attached) includes, at a minimum, t</li> </ul>	program under the approval and supervi the following minimum requirements:	sion of the EMS Medical Director.	
<ul> <li>Identification of EMD compliance with the EMS Med regular constructive feedback of performance resul</li> </ul>	dical Director approved protocol(s) that its to all EMDs.	include random case review(s) and	
<ul> <li>In addition, agrees to submit all CQI reports to the De</li> </ul>	epartment upon request; and		
<ul> <li>Agrees to comply with the confidentiality provisions o</li> </ul>	f the Medical Studies Act [735 ILCS 5/8-2	2101].	
Attached is an Employee Roster with name, Illinois EMS Licer	nse, and expiration date of all of our Eme	ergency Medical Dispatchers.	
Attached is a list of entities provides telecommunications for Providers, and First Responders.	r, such as any Sheriff, Police and Fire De	partments, EMS Ambulance	
	S .		
ictoria DeFord			
Emergency Medical Dispatch Agency Representative (Print/T	ype Name)		
verbal Victoria De Ford	9/28/23		
Emergency Medical Dispatch Agency Representative Signatur	re Date	<del></del>	



Resource Hospital Name Springfield Memor	ial Hospital		
Mailing Address 701 N. First St.			
City Springfield	State	Illinois	ZIP Code <u>62781</u>
EMD Agency Name Christian County Sheriff	s Office	Agency N	umber
EMS System Memorial EMS	EMDPRS Pr	EMDPRS Program Used Power Phone	
Emergency Contact Name Kimberly Curl			
Cell Phone 217-825-1884	E-mail Address kcurl@christiancount	ysheriff.com	
This letter shall serve as a commitment by C	nristian County Sheriff's Office as a Part	ticipating EMD Provid	der in Memorial EMS.
As outlined in 77 III Adm. 515.710 of the EM with all applicable provisions of the EMS Act	rules and regulations, Christian Count and Code, including the following:	ty Sheriff's Office com	nmits to continuous compliance
<ul> <li>To use the emergency medical dispat- the EMS Medical Director on every re</li> </ul>		one that complies wit	h this Section and is approved by
<ul> <li>To establish a continuous quality important The CQI program (attached) includes,</li> </ul>	ovement (CQI) program under the app at a minimum, the following minimum	roval and supervision requirements:	of the EMS Medical Director.
<ul> <li>Identification of EMD compliance w regular constructive feedback of pe</li> </ul>	ith the EMS Medical Director approved rformance results to all EMDs.	d protocol(s) that incl	ude random case review(s) and
<ul> <li>In addition, Christian County Sheriff's Office agrees to submit all CQI reports to the Department upon request; and</li> </ul>			
<ul> <li>Agrees to comply with the confidential</li> </ul>	lity provisions of the Medical Studies A	Act [735 ILCS 5/8-210:	1].
Attached is an Employee Roster with name,	llinois EMS License, and expiration date	e of all of our Emerge	ency Medical Dispatchers.
Attached is a list of entities Christian County Departments, EMS Ambulance Providers, an	Sheriff's Office provides telecommunic d First Responders.	ations for, such as an	y Sheriff, Police and Fire
Kimberly Curl			
Emergency Medical Dispatch Agency Repres	entative (Print/Type Name)		
verbal-Kinbuly Co		10/16/2023	
Emergency Medical Dispatch Agency Repres	ntative Signature	Date	<del>-</del>



Resource Hospital Name   Memorial Medical			
Mailing Address 911 Pekin St			
City Lincoln	State IL	ZIP Code 62656	
EMD Agency Name Logan Dispatch	Agency Number 03 1322EMDA		
EMS System Memorial Medical System	EMDPRS Program Used	EMDPRS Program Used Priority Dispatch ProQA	
Emergency Contact Name Rebecca Langley			
Cell Phone 217-732-3911 E-mail Ad	dress blangley@logancountyil.gov		
This letter shall serve as a commitment by Logan Dispat	tch as a Participating EMD Provider in Me	emorial Medical System.	
As outlined in 77 III Adm. 515.710 of the EMS rules and provisions of the EMS Act and Code, including the follow		continuous compliance with all applicable	
<ul> <li>To use the emergency medical dispatch priority r approved by the EMS Medical Director on every</li> </ul>		that complies with this Section and is	
<ul> <li>To establish a continuous quality improvement ( The CQI program (attached) includes, at a minim</li> </ul>			
<ul> <li>Identification of EMD compliance with the EMS regular constructive feedback of performance</li> </ul>		that include random case review(s) and	
In addition, Logan Dispatch agrees to submit all C	CQI reports to the Department upon requ	est; and	
<ul> <li>Agrees to comply with the confidentiality provision</li> </ul>	ons of the Medical Studies Act [735 ILCS	5/8-2101].	
Attached is an Employee Roster with name, Illinois EMS	License, and expiration date of all of our	Emergency Medical Dispatchers.	
Attached is a list of entities Logan Dispatch provides tele Ambulance Providers, and First Responders.	ecommunications for, such as any Sheriff	, Police and Fire Departments, EMS	
Rebecca Langley			
Emergency Medical Dispatch Agency Representative (Pr	rint/Type Name)		
Reby warely.	08/24/202	3	
Emergency Medical Dispatch Agency Representative Sig			

Resource Hospital Name Memorial Medical Center		
Mailing Address 215 S East St		
City Carlinville	State Illinois	ZIP Code 62626
EMD Agency Name Macoupin County Sheriff's Office	Agency Number 3003EMDA	
EMS System Memorial Medical Center	EMDPRS Program Used Priority Dispatch - ProQA	
Emergency Contact Name Quinn Reiher		
Cell Phone 217-556-8948 E-mail Address quinn.re	eiher@macoupincountyil.gov	
This letter shall serve as a commitment by Macoupin County Sheriff's		
As outlined in 77 III Adm. 515.710 of the EMS rules and regulations, M with all applicable provisions of the EMS Act and Code, including the f		e commits to continuous compliance
<ul> <li>To use the emergency medical dispatch priority reference syste approved by the EMS Medical Director on every request for me</li> </ul>		nat complies with this Section and is
<ul> <li>To establish a continuous quality improvement (CQI) program to The CQI program (attached) includes, at a minimum, the follow</li> </ul>	1.7	ision of the EMS Medical Director.
<ul> <li>Identification of EMD compliance with the EMS Medical Direcegular constructive feedback of performance results to all E</li> </ul>		include random case review(s) and
• In addition, Macoupin County Sheriff's Office agrees to submit all CQI reports to the Department upon request; and		
<ul> <li>Agrees to comply with the confidentiality provisions of the Med</li> </ul>	dical Studies Act [735 ILCS 5/8-	2101].
Attached is an Employee Roster with name, Illinois EMS License, and $\boldsymbol{\varepsilon}$	expiration date of all of our Em	ergency Medical Dispatchers.
Attached is a list of entities Macoupin County Sheriff's Office provides Departments, EMS Ambulance Providers, and First Responders.	telecommunications for, such	as any Sheriff, Police and Fire
Quinn Reiher Chief Deputy		
Emergency Medical Dispatch Agency Representative (Print/Type Name		
Emergency Medical Dispatch Agency Representative Signature	8/28/2023 Date	



Resource Hospital Name Springfield Memoria	Hospital		
Mailing Address700 N. First			
City Springfield	State II	llinois ZIP	Code 62781
EMD Agency Name Menard County 911		Agency Number 03 3000 EMDA	
EMS System Memorial EMS	EMDPRS Pr	EMDPRS Program Used Priority Dispatch	
Emergency Contact Name Jason Huffman			
Cell Phone 217-971-3568	E-mail Address jhuffman@co.menard.i	il.us	
This letter shall serve as a commitment by as	a Participating EMD Provider in .		
As outlined in 77 III Adm. 515.710 of the EMS rules and regulations, commits to continuous compliance with all applicable provisions of the EMS Act and Code, including the following:			
<ul> <li>To use the emergency medical dispatc Medical Director on every request for</li> </ul>	n priority reference system that comp medical assistance; and	lies with this Section and is ap	proved by the EMS
<ul> <li>To establish a continuous quality improvement (CQI) program under the approval and supervision of the EMS Medical Director.</li> <li>The CQI program (attached) includes, at a minimum, the following minimum requirements:</li> </ul>			
<ul> <li>Identification of EMD compliance with the EMS Medical Director approved protocol(s) that include random case review(s) and regular constructive feedback of performance results to all EMDs.</li> </ul>			
<ul> <li>In addition, agrees to submit all CQI reports to the Department upon request; and</li> </ul>			
<ul> <li>Agrees to comply with the confidentiality provisions of the Medical Studies Act [735 ILCS 5/8-2101].</li> </ul>			
Attached is an Employee Roster with name, Illinois EMS License, and expiration date of all of our Emergency Medical Dispatchers.			
Attached is a list of entities provides telecommunications for, such as any Sheriff, Police and Fire Departments, EMS Ambulance Providers, and First Responders.			
JASON HUFFMAH			
Emergency Medical Dispatch Agency Represe	alle	10-20-23 Date	

1001 19-348



Letter of Commitment
Resource Hospital Name Memorial Hospital
Mailing Address 701 North First STROET
city Springfield state ILINOIS ZIP Code 62781
EMD Agency Name Scott COUNTY E-911 Agency Number 032\$7
EMS System Mcmorial Hearth, EMDPRS Program Used PROCH
Emergency Contact Name William WALQUIST
Cell Phone 217-502-0773 E-mail Address 911 ScoTCoIL GOV
This letter shall serve as a commitment by as a Participating EMD Provider in .
As outlined in 77 III Adm. 515.710 of the EMS rules and regulations, commits to continuous compliance with all applicable provisions of the EMS Act and Code, including the following:
<ul> <li>To use the emergency medical dispatch priority reference system that complies with this Section and is approved by the EMS Medical Director on every request for medical assistance; and</li> </ul>
<ul> <li>To establish a continuous quality improvement (CQI) program under the approval and supervision of the EMS Medical Director.</li> <li>The CQI program (attached) includes, at a minimum, the following minimum requirements:</li> </ul>
<ul> <li>Identification of EMD compliance with the EMS Medical Director approved protocol(s) that include random case review(s) and regular constructive feedback of performance results to all EMDs.</li> </ul>
<ul> <li>In addition, agrees to submit all CQI reports to the Department upon request; and</li> </ul>
<ul> <li>Agrees to comply with the confidentiality provisions of the Medical Studies Act [735 ILCS 5/8-2101].</li> </ul>
Attached is an Employee Roster with name, Illinois EMS License, and expiration date of all of our Emergency Medical Dispatchers.
Attached is a list of entities provides telecommunications for, such as any Sheriff, Police and Fire Departments, EMS Ambulance Providers, and First Responders.
William Walguist
Emergency Medical Dispatch Agency Representative (Print/Type Name)
William (Valguist 8/80/2023
Emergency Medical Dispatch Agency Representative Signature Date



Resource Hospital Name Memorial Medical Center		
Mailing Address 701 N 1st Street		
City Springfield	State IL	ZIP Code 62781
EMD Agency Name West Central Joint ETSB	Agency Number	
EMS System Memorial Medical Center 0327	EMDPRS Program Used	Priority Dispatch
Emergency Contact Name Phil McCarty		
Cell Phone 217-473-6525 E-mail Address pmccart	ty@jacksonvilleil.gov	
This letter shall serve as a commitment by West Central Joint ETSB as	a Participating EMD Provide	r in Memorial Medical Center 0327.
As outlined in 77 III Adm. 515.710 of the EMS rules and regulations, Wapplicable provisions of the EMS Act and Code, including the following	/est Central Joint ETSB comm g:	nits to continuous compliance with all
<ul> <li>To use the emergency medical dispatch priority reference syste approved by the EMS Medical Director on every request for me</li> </ul>	em Priority Dispatch that co edical assistance; and	mplies with this Section and is
<ul> <li>To establish a continuous quality improvement (CQI) program the CQI program (attached) includes, at a minimum, the follow</li> </ul>	under the approval and supering minimum requirements:	ervision of the EMS Medical Director.
<ul> <li>Identification of EMD compliance with the EMS Medical Dire- regular constructive feedback of performance results to all E</li> </ul>		at include random case review(s) and
<ul> <li>In addition, West Central Joint ETSB agrees to submit all CQI re</li> </ul>	ports to the Department upo	on request; and
<ul> <li>Agrees to comply with the confidentiality provisions of the Medical Studies Act [735 ILCS 5/8-2101].</li> </ul>		
Attached is an Employee Roster with name, Illinois EMS License, and $\epsilon$	expiration date of all of our E	mergency Medical Dispatchers.
Attached is a list of entities West Central Joint ETSB provides telecommunications for, such as any Sheriff, Police and Fire Departments, EMS Ambulance Providers, and First Responders.		
Phil McCarty, West Central Joint ETSB Director		
Emergency Medical Dispatch Agency Representative (Print/Type Name	e)	
Emergency Medical Dispatch Agency Representative Signature	9-15-2	<del>.</del> 4
emergency medical dispatch Agency Representative Signature	Date	