



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

Resource Hospital Name Springfield Memorial Hospital  
Mailing Address 701 W. 1st St.  
City Springfield State IL ZIP Code 62781  
Vehicle Service Provider Name America Ambulance Service, Inc.  
Provider Number 3605 EMS System Name Memorial EMS  
Emergency Contact Name and Title Robert Bajier Director of Operations  
Cell Phone 217-219-2850 E-mail Address rbajier@americaamb.com

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

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**

- 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.

Robert Bajier

Vehicle Service Provider Director (Print/Type Name)

[Signature]  
Vehicle Service Provider Director Signature

10/17/23  
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 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:

- ☒ 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**

AMT of Springfield dba Medics First

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.

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

10/25/2022

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:

- ☒ 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**

**City of Beardstown**

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.

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 Vehicle Service Provider Letter of Commitment

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

Mailing Address 701 North First Street

City Springfield

State Illinois

ZIP Code 62781

Vehicle Service Provider Name Chapin Area Rescue Squad

Provider Number 3023

EMS System Name Memorial EMS

Emergency Contact Name and Title Bryce A. McCormick, Chief

Cell Phone 217-370-9994

E-mail Address bmac@irtc.net

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

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

### Chapin Area Rescue Squad

- 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.

Bryce A. McCormick

Vehicle Service Provider Director (Print/Type Name)

Bryce A. McCormick

Digitally signed by Bryce A. McCormick  
Date: 2023.10.25 18:56:00 -05'00'

Vehicle Service Provider 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 1<sup>st</sup> Street

City Springfield

State IL

ZIP Code 62781

Vehicle Service Provider Name Echo Response EMS

Provider Number 3598

EMS System Name Memorial EMS

Emergency Contact Name and Title Daniel E Kloeber Jr. President

Cell Phone 217-820-7018

E-mail Address echoresponse21@gmail.com

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

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**

- 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.

DANIEL E KLOEVER JR

Vehicle Service Provider Director (Print/Type Name)

Vehicle Service Provider Director Signature

10/22/2023

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:

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.



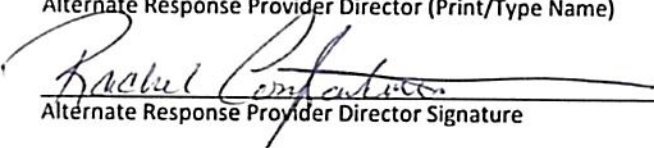


Emergency Medical Services (EMS) Systems  
**Alternate Response Provider  
Letter of Commitment**

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.

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



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





State of Illinois  
Illinois Department of Public Health

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

Resource Hospital Name Springfield Memorial Hospital

Mailing Address 701 North 1st Street

City Springfield State IL ZIP Code 62781

Vehicle Service Provider Name Meredosia Volunteer Rescue Squad

Provider Number 3425 EMS System Name Springfield Memorial Hospital

Emergency Contact Name and Title Lyndell Huseman

Cell Phone 217-491-2112 E-mail Address mvradam9@yahoo.com

This letter shall serve as a commitment by Meredosia Volunteer Rescue Squad as a participating EMS Provider in Springfield Memorial Hospital.



State of Illinois  
Illinois Department of Public Health

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

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.
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- 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.



State of Illinois  
Illinois Department of Public Health

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

**Meredosia Volunteer Rescue Squad**

- 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.

Lyndell Huseman, President, Paramedic

Vehicle Service Provider Director (Print/Type Name)



Vehicle Service Provider Director Signature

9/25/23  
Date





State of Illinois  
Illinois Department of Public Health

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 Street

City Springfield State IL ZIP Code 62781

Vehicle Service Provider Name Murrayville-Woodson Emergency Ambulance Service

Provider Number 3016 EMS System Name Springfield Memorial Hospital

Emergency Contact Name and Title Jeffrey W. Cunningham

Cell Phone 217-242-8743 E-mail Address mweas@irtc.net

This letter shall serve as a commitment by Murrayville-Woodson Emergency Ambulance Service as a participating EMS Provider in Springfield Memorial Hospital.



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

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

- 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.

Jeffrey Cunningham

Vehicle Service Provider Director (Print/Type Name)

[Signature]

Vehicle Service Provider Director Signature

10-23-23

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 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'

Alternate Response Provider Director Signature

10/25/2023

Date

*Dr. Matt Sahster*

EMS Medical Director (Print/Type Name)

*[Handwritten Signature]*

EMS Medical Director Signature

10/25/23

Date



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

Resource Hospital Name Springfield Memorial Hospital

Mailing Address 701 N. 1<sup>st</sup> Street

City Springfield

State IL

ZIP Code 62781

Vehicle Service Provider Name RuralMed, LLC

Provider Number 5123

EMS System Name Memorial EMS

Emergency Contact Name and Title Ethan Bouser, CEO

Cell Phone 618-267-9823

E-mail Address Ethan.Bouser@ruralmedems.com

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

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

- 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.

Ethan Bousie  
Vehicle Service Provider Director (Print/Type Name)

[Signature]  
Vehicle Service Provider Director Signature

10-12-2023  
Date



State of Illinois  
Illinois Department of Public Health

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 Springfield Memorial Hospital (formerly Memorial Medical Center)

Provider Number ~~4230~~ 3423

EMS System Name Memorial EMS 0327

Emergency Contact Name and Title Sara Brown

Cell Phone 217-414-1717

E-mail Address brown.sara@mshil.com

This letter shall serve as a commitment by Springfield Memorial Hospital (formerly Memorial Medical Center) as a participating EMS Provider in Memorial EMS 0327.



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

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 Memorial Hospital (formerly 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

10/23/2023  
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)

[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 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



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