

Emergency Medical Services (EMS) Systems Vehicle Service Provider

Letter of Commitment

Resource Hospital Name Spring Field Memorial Hospital	
Mailing Address 701 W. 15t St.	
City Springfield State IL ZIP Code 62781	
Vehicle Service Provider Name America Ambdance Service Inc.	_
Provider Number 3605 EMS System Name _ Memorial EMS	_
Emergency Contact Name and Title Robert Bajier Director of Operations	_
Cell Phone 217-299-2850 E-mail Address bajice a americamb.con	_
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 	d
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 	
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 cimultaneous sell in second to the control of the	
 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
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) □ ILS □ AEMT □ BLS □ CCT	
I/we commit to following the operational requirements for staffing alterations authorized by the EMS system and submitted to IDPH.	
☐ 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.



- 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.

Vehicle Service Provider Director (Print/Type Name)

Vehicle Service Provider Director Signature

| 10/17/23 | Date



Resource Hospital Name Springfield Memorial Hospital (formerly Memoria	al 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	e Memorial EMS	
Emergency Contact Name and Title Sara Rolando, Director of Operations		
Cell Phone 217-494-6518 Email Address srolando@me	edicsfirst.com	
This letter shall serve as a commitment by AMT of Springfield dba Medics I	First as a participating EMS Provide	er in Memorial EMS.
As outlined in 77 III Adm. Code 515.825 of the EMS Rules and Regulations, Check all that apply: Agency includes ambulance assist vehicles, which are dispatched only with patient care prior to the arrival of the ambulance and will contin vehicle(s) are staffed and equipped at the following levels (check all t	y as needed and simultaneously winuously comply with Section 515.8	ith an ambulance and assist 20(a) and 825 (c). These
	5.00° 90° 100° ° \$.00° ° 5.00°	his Section are not available
☐ In-field upgrade has been authorized by the EMS system and submitt	ed to IDPH for approval.	
Agency includes non-transport vehicles staffed and equipped 24 hour dispatch of a transporting ambulance and will continuously comply w and equipped at the following levels (check all that apply):	rs per day, 365 days of the year, ar rith Section 515.825(b) and 825(c).	nd dispatched prior to These vehicle(s) are staffed
☐ ALS ☐ ILS ☐ AEMT ☐ BLS ☐ First Responder		
I/we agree to operate the vehicle(s) with the appropriate personnel unless following (check all that apply):	authorized by the EMS system and	d approved by IDPH for the
★ Alternate responder authorization secondary response vehicle		
 Each vehicle used as an alternate response vehicle meets the equipme Agree to document all medical care provided and submit documentation Attach a current staff roster. 	[전 : 4] (1 TEL : 1) 를 발해 기업하는 경우 (1) 전 (1) [전 : 1] (2 TEL : 1)	ours

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

Comply with the resource hospital's communication plan.



AMT of Springfield dba Medics First

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



Resource Hospital Name Springfield	Memorial Hospital		
Mailing Address 701 N First St			
City Springfield		State IL	ZIP Code <u>62781</u>
Alternate Response Provider Name	City of Beardstown		
Provider Number 3452	EMS System N	lame Memorial EMS	
Emergency Contact Name and Title	Eric Brockhouse, Lead		
Cell Phone 217-841-5438	Email Address ebrockhoo	use05@yahoo.com	
This letter shall serve as a commitm	ent by City of Beardstown as a part	cicipating EMS Provider in Memorial	EMS.
with patient care prior to the a	sist vehicles, which are dispatched	only as needed and simultaneously	
ALS ILS AE	MT BLS First Respond		y this Section are not available.
☐ In-field upgrade has been auth	norized by the EMS system and sub	mitted 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 AE	MT BLS First Respond	der	
I/we agree to operate the vehicle(s) following (check all that apply): Alternate responder authoriza		less authorized by the EMS system a	and approved by IDPH for the
Alternate responder authoriza	tion secondary response vehicle		
	te response vehicle meets the equi care provided and submit documen	ipment requirements. Itation to the EMS system within 24	hours

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

· Comply with the resource hospital's communication plan.



City of Beardstown

Eric Brockhouse	
Alternate Response Provider Director (Print/Type Name)	
Nerbal for Ena Brockhause Alternate Response Provider Director Signature	10 25 2023 Date
Dr. Maythew Sohnston	
EMS Medical Director (Print/Type Name)	
EMS Medical Director Signature	15 25 2023 Date



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

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

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	S System Name Memorial EMS	
Emergency Contact Name and Title Bryce A. McCormick, Chi	ief	
Cell Phone 217-370-9994 E-mail Address	bmac@irtc.net	
This letter shall serve as a commitment by Chapin Area Rescu	ue Squad as a participating EMS Provide	er in Memorial EMS.
 As outlined in Section 515.810 and 515.8130 of the EMS Rule List of all vehicles, including year, model, make, VIN nulevel of service. Description of each vehicle's role in providing pre-hosp Definition of primary, secondary, and outlining areas of Map (s) indicating the base locations of each EMS vehis service area. Copies of mutual aid agreements with other providers when an EMS vehicle is responding to a call and a simule copy of current FCC license. List of all personnel providing pre-hospital care and level expiration dates. I /we commit to the following: Not operate any of our ambulance(s) at a level exceed support, advanced life support), unless the vehicle is or ambulance service upgrades – rural population. Provide 24 hour, revenders a week coverage at our bits. 	pital care and patient transport services of response for each EMS vehicle. icle, the population base of each service and/or a description of own back-up sylltaneous call is received for service with vel of licensure (only copy of highest level of licensure) for which it is licensed (base operated pursuant to an EMS system apprenated pursuant	ent license number, base location, and so. e area, and square mileage of the system that details adequate coverage thin that vehicle's coverage area. yel of licensure), license numbers, and sic life support, intermediate life proved in-field service level upgrade
Provide 24-hour, seven-day-a-week coverage at our high seven and seven are seven as a seven and seven are seven as a seven are sev	ighest level of care. (Check all that apply	<i>(</i>)
ALS ☐ ILS ☐ AEMT ☐ BLS ☐ CCT I/we commit to following the operational requirements for st (Check all that apply) Alternate Burst Staffing	taffing alterations authorized by the EM	IS system and submitted to IDPH.
 ✓ 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 an	d/or Tier III services shall be staffed wit	h 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.



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.

I/we agree to staff, to equip, and to operate the following (check all that apply) according to the Section 515.835 and provide

 Leaving one copy, paper or electronic, with the receiving hospital emergency department, trauma center, or health care facility before leaving the facility.

Transport provider who also has alternate response vehicle(s)

Vehicle Service Provider Director Sig	nature	Date	
Bryce A. McCormick	Digitally signed by Bryce A. McCormick Date: 2023.10.25 18:56:00 -05'00'	10/25/2023	
Vehicle Service Provider Director (Pr	int/Type Name)		
Bryce A. McCormick			
By signing below, the ambulance pro EMS System Program Plan, as all ma	wider commits to complying with all appli y be amended from time to time.	icable requirements of the EMS Act, EMS	Code, and the
	h are dispatched prior to dispatch of a tra f and equipment by this section.	ensporting ambulance and include ambu	lances and fire
	es, which are dispatched simultaneously v bulance assistance vehicles shall not fund).		
documentation of medical care prov	ided to the EMS system within 24 hours.		



vezonice	nospital Name	Springrieia iv	emorial Ho	spital(Formerly Memorial	Medical	Center)		
Mailing Ad	dress 701 N	1street						
City Spri	ngfield				State	1L	ZIP Cod	e 62781
Vehicle Ser	vice Provider	Name _Echo	Response E	MS				
Provider N	umber <u>3598</u>			EMS System Name	Memo	orial EMS		
Emergency	Contact Nam	e and Title!	Daniel E Klo	ever Jr. President				
Cell Phone	217-820-703	18	E-ma	ail Address echorespon	se21@g	mail.com		
This letter	shall serve as a	commitment	by as a pa	articipating EMS Provider	in .			
As outlined	in Section 51	5.810 and 515	.8130 of th	e EMS Rules and Regulation	ons, the	following inform	nation is attached:	
• List				ake, VIN number, license				, base location, and
• Desc	ription of eacl	h vehicle's role	ln providi	ng pre-hospital care and p	atient t	ransport services	s.	
 Defin 	nition of prima	ary, secondary	, and outlin	ning areas of response for	each EN	MS vehicle.		
	(s) indicating ice area.	the base locat	ions of eac	h EMS vehicle, the popula	ition bas	se of each service	e area, and square	mileage of the
 Cople whe 	es of mutual a n an EMS vehi	id agreements cle is respondi	s with othe ing to a call	r providers and/or a descr l and a simultaneous call i	ription o s receive	of own back-up sy ed for service wi	ystem that details a	adequate coverage coverage area.
	of current FC							
 List of expired and expired a	of all personne ration dates.	l providing pr	e-hospital c	are and level of licensure	(only co	ppy of highest lev	vel of licensure), lic	ense numbers, and
I /we comn	nit to the follow	wing:						
supp	operate any of ort, advanced nbulance servi	life support),	unless the	evel exceeding the level for vehicle is operated pursual vehicle is operated pursual	r which ant to ar	it is licensed (ba n EMS system ap	sic life support, int proved in-field sen	ermediate life vice level upgrade
		20,000		ge at our highest level of c	are. (Ch	eck all that apply	v)	
X A		☐ AEMT	☐ BLS	□ сст	-			
I/we comm (Check all ti	it to following nat apply)	the operation	al requiren	nents for staffing alteratio	ns auth	orized by the EM	1S system and subr	nitted to IDPH.
☐ Alte	rnate Rural Sta	affing						
☐ Alte	rnate Respons	se						
☐ Alte	mate Respons	se-Secondary (Response V	ehicle				
☐ Alte	mate Staffing	for Private Am	bulance Pr	oviders				
Rura	al Population S	Staffing Creder	ntialing Exe	mption				
☐ Criti	cal Care Trans	port (CCT)		• And those for these				
			provision o	of Tier II and/or Tier III ser	vices sha	all be staffed wit	h the minimum rec	quirements
/we agree t				en managerississaningen 🕶 ette i italiinin (1916). 🖼 🧖 🖔				1 cincins
1		letely docume	ent an appr	opriate run report and su	bmit da	ta according to t	he most current ve	ersion of NEMSIS

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

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

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



- 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.

I/we agree to staff, to equip, and to operate the following (check all that apply) according to the Section 515.835 and provide

 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)

uot	comentation of medical care provided to the EMS system within 24 nours.
	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

Non-transport vehicles, which are dispatched prior to dispending engines that contain the staff and equipment by this section.	atch of a transporting ambulance and include ambulances and fire on.
By signing below, the ambulance provider commits to complying w EMS System Program Plan, as all may be amended from time to tir	rith all applicable requirements of the EMS Act, EMS Code, and the me.
DANIEL E KLOEVER JR	
Vehicle Service Provider Director (Print/Type Name)	
DiDEKLG.	10/22/2023
Vehicle Service Provider Director Signature	Date



· Comply with the resource hospital's communication plan.

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

Resource Hospital Name Springfield Memorial Ho	ospital (Formerly Memorial Medical Center)	
Mailing Address 701 North 1st street		
City Springfield	State Illinois	ZIP Code 62702
Alternate Response Provider Name Life Star Amb	ulance Service, Inc.	
Provider Number 3633	EMS System Name LifeStar Ambulance	
Emergency Contact Name and Title Rachel Comp	ardo, Operations Manager	
Cell Phone 217-416-8186 Ema	ail Address Rachel@lifestarambulance.net	
This letter shall serve as a commitment by Life Sta	er Ambulance Service, Inc. as a participating EMS Pro	vider in LifeStar Ambulance.
Check all that apply:	S Rules and Regulations, I/we commit to the following	
Agency includes ambulance assist vehicles, with patient care prior to the arrival of the a vehicle(s) are staffed and equipped at the formula.	which are dispatched only as needed and simultaneo mbulance and will continuously comply with Section Illowing levels (check all that apply):	usly with an ambulance and assist i 515.820(a) and 825 (c). These
ALS ILS AEMT BLS * Ambulance assistance vehicles shall not fu	First Responder nction as assist vehicles if staff and equipment requir	red by this Section are not available
☐ In-field upgrade has been authorized by the	EMS system and submitted to IDPH for approval.	
Agency includes non-transport vehicles staff dispatch of a transporting ambulance and wi and equipped at the following levels (check a	ed and equipped 24 hours per day, 365 days of the y ill continuously comply with Section 515.825(b) and a all that apply):	ear, and dispatched prior to 825(c). These vehicle(s) are staffed
□ ALS □ ILS □ AEMT □ BLS	First Responder	
following (check all that apply):	opriate personnel unless authorized by the EMS syst	em and approved by IDPH for the
✓ Alternate responder authorization		
Alternate responder authorization secondary	/ response vehicle	
Each vehicle used as an alternate response ve	V. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
 Agree to document all medical care provided Attach a current staff roster. 	and submit documentation to the EMS system within	n 24 hours
	nications capability on a frequency determined and a	assigned by IDPH.



Rachel Compardo		
Alternate Response Provider Director (Print/Type Name)		University of
Kachel Contaction		
	10/12/2023	
Alternate Response Provider Director Signature	Date	
/		
£		
Dr. Matthew Johnston		
EMS Medical Director (Print/Type Name)		
do.		
	1-10-10	
EMS Medical Director Signature	10/35/3023	
civis iviedical bileetor signature	Date	



· Comply with the resource hospital's communication plan.

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

Resource Hospital Name Springfield Memoria	l Hospital (formerly Memoria	al Medical Center)	
Mailing Address 701 N 1st Street			
City Springfield		State IL	ZIP Code <u>62781</u>
Alternate Response Provider Name Logan Cou	unty Paramedic Association,	Inc.	
Provider Number 3641	EMS System Name	Memorial EMS	
Emergency Contact Name and Title Crystal Ba	le, CEO		
Cell Phone (217) 671-2386	mail Address <u>lcpa1@lcpa-il.</u>	com	
This letter shall serve as a commitment by Log	an County Paramedic Associa	ation, Inc. as a participating EMS	Provider in Memorial EMS.
As outlined in 77 III Adm. Code 515.825 of the Check all that apply:	EMS Rules and Regulations,	I/we commit to the following:	
Agency includes ambulance assist vehicle with patient care prior to the arrival of the vehicle(s) are staffed and equipped at the	ne ambulance and will contin	uously comply with Section 515.8	ith an ambulance and assist 20(a) and 825 (c). These
□ ALS □ ILS □ AEMT □ Ambulance assistance vehicles shall not	BLS First Responder t function as assist vehicles if	staff and equipment required by t	his Section are not available
☐ In-field upgrade has been authorized by t	the EMS system and submitte	ed to IDPH for approval.	
Agency includes non-transport vehicles so dispatch of a transporting ambulance and and equipped at the following levels (che	d will continuously comply w	s per day, 365 days of the year, ar ith Section 515.825(b) and 825(c).	nd dispatched prior to These vehicle(s) are staffed
ALS ILS AEMT	BLS First Responder		
I/we agree to operate the vehicle(s) with the a following (check all that apply): Alternate responder authorization	ppropriate personnel unless	authorized by the EMS system an	d approved by IDPH for the
Alternate responder authorization second			
Each vehicle used as an alternate response	~ 10-11-11-11-11-11-11-11-11-11-11-11-11-1	2019-10-11-11-11-1-1-1-1-1-1-1-1-1-1-1-1-	
 Agree to document all medical care provid Attach a current staff roster. 	ed and submit documentation	on to the EMS system within 24 ho	ours
Have two-way ambulance-to-hospital com	munications capability on a f	requency determined and assigne	ed by IDPH.



Logan County Paramedic Association, Inc.

Crystal L. Bale		
Alternate Response Provider Director (Print/Type Name)		
Verbal for Crystal Bale	9/29/2023	
Alternate Response Provider Director Signature	Date	
Dr. Matthew Johnston		
EMS Medical Director (Print/Type Name)		
de la companya de la	. /	
SMCM STATE OF THE	10/25/2023	
EMS Medical Director Signature	Date '	



Resource Hospital Name Springfiel	d Memorial Hospital	
Mailing Address 701 North 1st Str	eet	
City Springfield	State IL	ZIP Code 62781
Vehicle Service Provider Name Me	redosia 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 mvrsadam9@yahoo.com	
This letter shall serve as a commitm	ent by Meredosia Volunteer Rescue Squad as a participating E	MS Provider in Springfield Memorial



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 ope support	rate any o	f our ambular life support).	ice(s) at a l	evel exceedir	ng the level for which it is licensed (basic life support, intermediate life rerated pursuant to an EMS system approved in-field service level upgradu
	or smbu	lance serv	ice upgrades	- rural pop	ulation.	refaced porsuant to an EMS system approved in-field service level upgradi
	 Provide 	24-hour, s	even-day-a-w	eek covera	ge at our hig	hest level of care. (Check all that apply)
	⊠ ALS			⊠ BLS	□ сст	So on appropriate designation of the state o
/we Che	commit to	o following apply)	the operation	nal require	ments for sta	ffing alterations authorized by the EMS system and submitted to IDPH.
	🛭 Alterna	te Rural St	affing			
	Alterna 🗌	te Respon	se			
	☐ Alterna	te Respon	se-Secondary	Response '	Vehicle	
	☐ Alterna	te Staffing	for Private A	mbulance F	roviders	
	Rural P	opulation 5	Staffing Crede	ntialing Ex	emption	
	Critical	Care Trans	sport (CCT)			
	☐ Each Co	T ambular	nce during the	provision	of Tier II and	or Tier III services shall be staffed with the minimum requirements
	agree to:					The state of the s

- · 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.



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.

Lyndell Huseman, President, Paramedic	
Vehicle Service Provider Director (Print/Type Name) White Service Provider Director Signature	9/25/23 Dated



Mailing Address 701 N 1st Street		
City Springfield	State IL	ZIP Code 6278:
Vehicle Service Provider Name Mu	rrayville-Woodson Emergency Ambulance Service	
Provider Number 3016	EMS System Name Springfield Memorial	Hospital
Provider Number 3016 Emergency Contact Name and Title		Hospital



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:

☐ Alternate Response

☐ Critical Care Transport (CCT)

☐ Alternate Response-Secondary Response Vehicle
 ☐ Alternate Staffing for Private Ambulance Providers
 ☐ Rural Population Staffing Credentialing Exemption

9	support,	advanced	f our ambular life support), ice upgrades	unless the	vehicle is op	ng the level for which it is licensed (basic life support, intermediate life erated pursuant to an EMS system approved in-field service level upgrade
						hest level of care. (Check all that apply)
	☐ ALS		☐ AEMT	⊠ BLS	□ сст	
I/we (Chec	commit to	following	the operation	nal require	ments for sta	ffing alterations authorized by the EMS system and submitted to IDPH.
	Alternat	e Rural St	affing			

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.



- 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 a arrival of the ambulance (ambulance assistance vehicles shall not function this section are not available).	
Non-transport vehicles, which are dispatched prior to dispatch of a transpo engines that contain the staff and equipment by this section.	rting ambulance and include ambulances and fire
By signing below, the ambulance provider commits to complying with all applicable EMS System Program Plan, as all may be amended from time to time.	requirements of the EMS Act, EMS Code, and the
Seffrey (uning han Vehicle Service Provider Director (Print/Type Name)	
Yetyclo Service Provider Director Signature	10-23-23 Date

Page 2 of 10Cl 24-28 495



· Comply with the resource hospital's communication plan.

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

Resource Hospital Name Sprin	gfield Memorial Hosp	ital (formerly Memorial	Medical Center)	
Mailing Address 701 N 1st Stre	eet			
City Springfield			State IL	ZIP Code <u>62781</u>
Alternate Response Provider N	ame Northwestern A	rea Ambulance & Rescu	e 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 brandonmoxley	/83@gmail.com	
This letter shall serve as a come EMS.	mitment by Northwes	tern Area Ambulance &	Rescue Squad as a particip	pating EMS Provider in Memorial
As outlined in 77 III Adm. Code Check all that apply:	515.825 of the EMS R	Rules and Regulations, I/	we commit to the followin	g:
 Agency includes ambulan with patient care prior to vehicle(s) are staffed and 	the arrival of the amb	bulance and will continu	ously comply with Section	usly with an ambulance and assist 515.820(a) and 825 (c). These
	AEMT BLS	First Responder	taff and equipment require	ed by this Section are not available.
☐ In-field upgrade has been				is sy and section are not available.
Agency includes non-tran dispatch of a transporting and equipped at the follow	g ambulance and will o	continuously comply wit	per day, 365 days of the yoh Section 515.825(b) and 8	ear, and dispatched prior to 325(c). These vehicle(s) are staffed
ALS ILS	☐ AEMT 🔲 BLS			
I/we agree to operate the vehice following (check all that apply): Alternate responder auth		riate personnel unless a	uthorized by the EMS syste	em and approved by IDPH for the
☐ Alternate responder auth		esponse vehicle		
 Each vehicle used as an alt Agree to document all med Attach a current staff roste 	ternate response vehi dical care provided and er.	cle meets the equipmer d submit documentation	n to the EMS system within	
 Have two-way ambulance- 	to-nospital communic	ations capability on a fr	equency determined and a	ssigned by IDPH.



Northwestern Area Ambulance & Rescue Squad

Douglas Oxley			
Alternate Response Provider Di	rector (Print/Type Name)		
Douglas Oxley	Digitally signed by Douglas Oxley Date: 2023.10.25 14:37:23 -05'00'	10/25/2023	
Alternate Response Provider Di	rector Signature	Date	
Dr. Matt Joh	astor-		
EMS Medical Director (Print/Ty			
7	,	10/25/23	
EMS Medical Director Signature	2	Date	



Resource Hospital Name Springfield M	emorial Ho	spital		
Mailing Address 701 N. 1st Street				
City Springfield		State II		ZIP Code 62781
Vehicle Service Provider Name RuralM	ed, LLC			
Provider Number 5123		EMS System Name Memorial EMS	s	
Emergency Contact Name and Title Eti	nan Bouser	r, CEO		
Cell Phone 618-267-9823	E-m	nail Address Ethan.Bouser@ruralmedems	s.com	
This letter shall serve as a commitment	by as a p	articipating EMS Provider in .		
As outlined in Section 515.810 and 515	.8130 of th	he EMS Rules and Regulations, the follow	ving information is	attached:
 List of all vehicles, including year level of service. 	, model, m	nake, VIN number, license plate number,	, department licen	se number, base location, and
 Description of each vehicle's role 	in providi	ing pre-hospital care and patient transpo	ort services.	
		ning areas of response for each EMS veh		
service area.		ch EMS vehicle, the population base of e		
		er providers and/or a description of own Ill and a simultaneous call is received for		
 Copy of current FCC license. 				
 List of all personnel providing pr expiration dates. 	e-hospital	care and level of licensure (only copy of	highest level of lice	ensure), license numbers, and
I /we commit to the following:				
	unless the	level exceeding the level for which it is lic evehicle is operated pursuant to an EMS pulation.		
 Provide 24-hour, seven-day-a-we 	eek covera	ge at our highest level of care. (Check all	I that apply)	
ALS □ ILS □ AEMT	BLS	□ сст		
I/we commit to following the operation (Check all that apply)	al require	ments for staffing alterations authorized	by the EMS system	m and submitted to IDPH.
☐ Alternate Rural Staffing				
☐ Alternate Response				
☐ Alternate Response-Secondary	Response '	Vehicle		
Alternate Staffing for Private An	nbulance P	roviders		
Rural Population Staffing Crede	ntialing Ex	emption		
☐ Critical Care Transport (CCT)				
☐ Each CCT ambulance during the	provision	of Tier II and/or Tier III services shall be s	staffed with the mi	nimum requirements
I/we agree to:				H 5454.55
15. That. Wi 1. 27. 17. W. 18.	ent an app	propriate run report and submit data acco	ording to the most	current version of NEMSIS

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

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

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



- 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.

Vehicle Service Previder Director (Print/Type Name)

Vehicle Service Provider Director Signature

10-12/2023



Provider in Memorial EMS 0327.

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

Resource Hospital Name Springfield N	Memorial Hospital (formerly Memorial Medical Center)	
Mailing Address 701 N 1st St		
City Springfield	State IL	ZIP Code <u>62781</u>
Vehicle Service Provider Name Spring	gfield Memorial Hospital (formerly Memorial Medical Center	
Provider Number #230 3423	EMS System Name Memorial EMS 0327	
Emergency Contact Name and Title Sa	ara Brown	
Cell Phone 217-414-1717	E-mail Address brown.sara@mshil.com	
This letter shall serve as a commitment	nt by Springfield Memorial Hospital (formerly Memorial Medical Ce	enter as a participating 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
e commit to following the operational requirements for staffing alterations authorized by the EMS system and submitted to IDPH. eck 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.

Page 2 of 4 10Cl 24-28 4ECD



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)

Vehicle Service Provider Director (Print/Type Name)	
Sara Brown	
By signing below, the ambulance provider commits to complying with all applicable requirements of the EMS Act, EM EMS System Program Plan, as all may be amended from time to time.	1S Code, and the
Non-transport vehicles, which are dispatched prior to dispatch of a transporting ambulance and include ambuengines that contain the staff and equipment by this section.	ulances and fire
Ambulance assistance vehicles, which are dispatched simultaneously with an ambulance and assist with patie arrival of the ambulance (ambulance assistance vehicles shall not function as assist vehicles if staff and equip this section are not available).	
I/we agree to staff, to equip, and to operate the following (check all that apply) according to the Section 515.835 and documentation of medical care provided to the EMS system within 24 hours.	l provide

10/23/2023 Date

Page 3 of 4



Comply with the resource hospital's communication plan.

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

Resource Hospital Na	ne Springfield Mer	morial Hosp	oital (Formerly Memoria	l Medical Center)	
Mailing Address 701	N 1st St.				
City Springfield				State IL	ZIP Code 62781
Alternate Response Pr	ovider Name Taylo	orville Fire I	Department		
Provider Number 034	56		EMS System Name	Memorial EMS	
Emergency Contact N	ame and Title Matt	thew Adern	nann, Fire Chief		
Cell Phone 618-267-5	223	Email /	Address tfdchief@taylo	rville.net	
This letter shall serve	as a commitment b	y Taylorville	e Fire Department as a	participating EMS Provi	der in Memorial EMS.
As outlined in 77 III Ac Check all that apply:	m. Code 515.825 o	f the EMS F	Rules and Regulations, I	/we commit to the follo	owing:
with patient care	prior to the arriva	I of the ami	ich are dispatched only bulance and will contin wing levels (check all th	ously comply with Sec	neously with an ambulance and assist tion 515.820(a) and 825 (c). These
* Ambulance ass			First Responder tion as assist vehicles if AS system and submitte		quired by this Section are not available
dispatch of a tra	non-transport vehi nsporting ambuland the following level:	ce and will o	continuously comply wi	s per day, 365 days of the th Section 515.825(b) a	he year, and dispatched prior to and 825(c). These vehicle(s) are staffed
ALS □	ILS AEMT	BLS	First Responder		
I/we agree to operate following (check all the Alternate respon	at apply):	the approp	riate personnel unless :	authorized by the EMS	system and approved by IDPH for the
	der authorization s	econdary r	esponse vehicle		
 Agree to documer Attach a current s 	nt all medical care p taff roster.	rovided an	cle meets the equipment d submit documentation	n to the EMS system w	
 Have two-way am 	bulance-to-hospita	I communic	cations capability on a fi	requency determined a	nd assigned by IDPH.



Taylorville Fire Department

Matthew Adermann					
Alternate Response Provider Directo	r (Print/Type Name)				
Matthew Adermann	Digitally signed by Matthew Adermann Date: 2023.09.15 14:08:35 -05'00'	09/14/2023			
Alternate Response Provider Directo	r Signature	Date			
Dr. Methro	- Johnston				
EMS Medical Director (Print/Type Na	me)				
EMS Medical Director Signature					



Comply with the resource hospital's communication plan.

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

Resource Hospital Name Springfield	Memorial Hos	pital (formerly Memor	ial Medical Center)	
Mailing Address 701 N. 1st St				
City Springfield		_	State IL	ZIP Code 62781
Alternate Response Provider Name	Vaverly Volun	teer Fire Department a	and Rescue Squad	
Provider Number 3424		EMS System Nam	Memorial EMS	
Emergency Contact Name and Title	ason Shumake	er Fire Chief		
Cell Phone 618-772-9002	Email	Address WVFRS@yah	oo.com	
This letter shall serve as a commitme Memorial EMS.	nt by Waverly	Volunteer Fire Depart	ment and Rescue Squ	and as a participating EMS Provider in
As outlined in 77 III Adm. Code 515.8 Check all that apply:	25 of the EMS	Rules and Regulations	, I/we commit to the	following:
 Agency includes ambulance ass with patient care prior to the ar vehicle(s) are staffed and equip 	rival of the an	nbulance and will conti	nuously comply with	ultaneously with an ambulance and assist Section 515.820(a) and 825 (c). These
ALS ILS AEN		First Responder		
				nt required by this Section are not available
☐ In-field upgrade has been autho	rized by the E	MS system and submit	ted to IDPH for appro	oval.
Agency includes non-transport of dispatch of a transporting ambu- and equipped at the following leading to the policy of the	lance and will	continuously comply v	rs per day, 365 days with Section 515.825	of the year, and dispatched prior to (b) and 825(c). These vehicle(s) are staffed
ALS ILS AEN	IT 🗌 BLS			
following (check all that apply):		priate personnel unles	s authorized by the E	MS system and approved by IDPH for the
Alternate responder authorizati	on			
Alternate responder authorizati	on secondary	response vehicle		
 Each vehicle used as an alternate 	e response vel	nicle meets the equipm	ent requirements.	
 Agree to document all medical ca 	re provided a	nd submit documentat	ion to the EMS syste	m within 24 hours
Attach a current staff roster.				
 Have two-way ambulance-to-hos 	pital commun	ications capability on a	frequency determin	ed and assigned by IDPH.



Waverly Volunteer Fire Department and Rescue Squad

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



• Comply with the resource hospital's communication plan.

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 Ad	dress 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 III Adm. Code 515.825 of the EMS Ru Check all that apply:	iles and Regulations, I/we commit to the following:
	h are dispatched only as needed and simultaneously with an ambulance and assist plance and will continuously comply with Section 515.820(a) and 825 (c). These ring levels (check all that apply):
☐ ALS ☐ ILS ☐ AEMT ☒ BLS	☐ First Responder
* Ambulance assistance vehicles shall not function	on as assist vehicles if staff and equipment required by this Section are not available.
In-field upgrade has been authorized by the EMS	S system and submitted to IDPH for approval.
	and equipped 24 hours per day, 365 days of the year, and dispatched prior to ontinuously comply with Section 515.825(b) and 825(c). These vehicle(s) are staffed hat apply):
_ ALS _ ILS _ AEMT _ BLS	First Responder
I/we agree to operate the vehicle(s) with the appropri following (check all that apply): Alternate responder authorization	iate personnel unless authorized by the EMS system and approved by IDPH for the
☐ Alternate responder authorization secondary res	sponse vehicle
Each vehicle used as an alternate response vehicle	le 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 communical 	ations capability on a frequency determined and assigned by IDPH.



Winchester EMS

Randy Dolen, President	
Alternate Response Provider Director (Print/Type Name)	
East Tol	10-04-24
Alternate Response Provider Director Signature	Date
Dr. Marthan Johnston	
EMS Medical Director (Print/Type Name)	
EMS Medical Directo Signa	10/25/2023 Date