



Emergency Medical
Services
PO Box 47877
Olympia, WA 98504-7877

Emergency Services Supervisory Organization Council Signature and Recommendation Form

This signature page should be used to acquire local EMS council signature and recommendation when the ESSO is applying via website. You will be notified by email of any outstanding documentation needed to complete the process.

Application Instructions:

- Indicate type of application- new, change of ownership, amended or renewal.**
 - **New**—First time requesting approval as an Emergency Services Supervisory Organization (ESSO).
 - **Change of Ownership**—When name of legal owner/operator changes resulting from the sale of the Emergency Services Supervisory Organization (ESSO).
 - **Amended**—Request the addition or elimination of information about the Emergency Services Supervisory Organization (ESSO).
 - **Renewal**—Renew approval as an Emergency Services Supervisory Organization (ESSO).
- Organization Type:** Please check the one organization that best applies to your organization.
- 1. Demographic Information:**
Information to be completed by the applicant
- 2. Contact Information:**
Enter the name, phone number, and e-mail address of the EMS contact person.
- 3. EMS Council Recommendation and Signatures:**
The local EMS Council must review the application and provide answers to the questions provided. The Council Chair must then print and sign his or her name and enter the date. In the absence of a local EMS council, the regional EMS and trauma care council may provide such review. Submit all documentation and attachments with the application.

You may obtain information for your local council by contacting your local EMS system or the Regional EMS and Trauma Care Council administrator. A link is provided below which will allow you to determine which region your county is in and the other to provide you with regional council contact information.

Regional Map: <http://www.doh.wa.gov/hsqa/emstrauma/download/designmap.pdf>

Regional Administrator: <http://www.doh.wa.gov/hsqa/emstrauma/regional.htm>

Note: This form is for use with online applications .

Emergency Services Supervisory Organization

Local EMS & Trauma Care Council Chair Recommendation and Signature

This is for: New Application Renewal Change of Ownership Amendment

If renewal, change or amended, provide credential number:

Level of Care: (Check only one) BLS ILS ALS

1. Demographic Information

UBI #:	Federal Tax ID (FEIN) #:
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Applicant Organization Name: (Business name advertised on signs or web site.)

Physical Address:

City:	State:	Zip Code:	County:
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Email Address:	Phone: (enter 10 digit #)
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2. Contact Information

EMS Service Supervisor:	Business Phone (enter 10 digit #):
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3. Local Council Recommendation

(Regional EMS & Trauma Care Council Chair Signature is required if a local EMS & Trauma Care Council does not exist)

Only the Department of Health may approve an EMS Service Supervisory Organization (ESSO):

_____ We recommend approval. This applicant conducts activities essential to public safety in coordination and collaboration with the EMS & trauma care system. The organization is participating in coordination with the EMS & Trauma Care system and has been made aware of our county operating procedures & regional patient care procedures.

_____ We **do not** recommend approval of this application (attach memo for details).

Printed Name of Local EMS Council Chair

Email Address	Phone Number
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Signature of Local EMS Council Chair	Date (mm/dd/yyyy)
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To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.