EMS Task Force Application Process

The application process for admission onto the EMS Task Force (EMS TF) will be conducted in two phases. First, application for agency membership will be solicited and then ranked by a committee based on a cumulative scoring of specific selection criteria. Second, individual Emergency Medical Technician Basic and Paramedic membership applications will be accepted and scored on a similar basis as agencies are selected to participate.

The Department will consider agencies that have more than one ambulance and willing to submit to a vehicle inspection by the EMS TF inspection team. Agencies are requested in their application to provide eight individual member candidates to support their agency’s participation in the EMS TF. The selection committee will identify four individuals for the initial selection. Agencies shall be willing to commit to a one year term and are willing to participate in additional training and exercise requirements.

The Department will issue identification for each vehicle that is part of the EMS TF designation. Agencies that are not currently licensed by OEMS will not be required to become licensed in order to participate in the EMS TF. In addition, agencies wishing to participate should be able to commit resource(s) to, not only, a rigorous training schedule that will be provided in advance but also commit to emergency response for a period of up to 72 hours once deployed.

Agency applications are being accepted for the Northern, Central and Southern Regional EMS TF. The enclosed application should be completed in its entirety and returned to the DHSS, Office of Emergency Medical Services. Please send your completed application to:

NJ Department of Health
Office of Emergency Medical Services
EMS Task Force Application Processing
P.O. Box 360
Trenton, NJ 08625

The application should be completed by the chief operations officer or their designee. When answering the questions, feel free to site specific incidents and describe how or what role your agency participated in them. Please include dates and incident specifics so that agency accounts can be confirmed.
New Jersey Department of Health
Office of Emergency Medical Services

Application for
NEW JERSEY STATE
EMERGENCY MEDICAL SERVICES TASK FORCE

Check only one:


[  ] Central EMS Task Force, Mercer, Middlesex, Monmouth, Ocean, Somerset, Hunterdon, Union Counties

[  ] South EMS Task Force, Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester and Salem

AGENCY NAME:____________________________________________

PHYSICAL ADDRESS
________________________________________________________
________________________________________________________
________________________________________________________

MAILING ADDRESS
________________________________________________________
________________________________________________________
________________________________________________________

PERSON COMPLETING APPLICATION:_____________________

ADDRESS:____________________________________________
_____________________________________________________

PHONE NUMBER:_______________________________________

EMAIL:_______________________________________________

COUNTY:_____________________________________________

AGENCY TELEPHONE:____________________________________

AGENCY 24 HOUR FAX:___________________________________

AGENCY EMAIL:________________________________________

CAPTAIN/DIRECTOR:____________________________________

PHONE:_______________________________________________

EMAIL:_______________________________________________

Please list three other line officers/supervisors and telephone numbers:

Name             Rank             Phone Number
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
In the space provided below, please indicate participation in other task forces and specialized training your agency has obtained. For example, if your agency is part of a county task force and has received training in technical rescue, please include these particulars. Be as specific as possible:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Questions:
Please list the vehicle(s) recognition numbers, type and vehicle information number on the space provided below. Be sure to include any special operation or ancillary vehicles the agency has available. If additional space is needed please list fleet on a separate sheet of paper.

<table>
<thead>
<tr>
<th>Recognition Number</th>
<th>Type</th>
<th>VIN #</th>
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Will you be able to submit eight (8) members for the EMS Task Force? __________________________

Number of active members or employees: __________________________

Call volume for previous year: __________________________

Total number of ambulances: __________________________

Total active members certified as EMT-Bs: __________________________

Total active members with greater than three years of experience: _______

Has your agency participated in any emergency management driven exercises? If so, in the space below please list the dates, drills attended and the role your agency played.
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

In up to three pages, please describe why you feel your agency would be an asset to the New Jersey EMS Task Force? Please use any examples from incidents and/or exercises, your agency has participated.