



**ARIZONA DEPARTMENT OF HEALTH SERVICES  
DIVISION OF PUBLIC HEALTH SERVICES  
BUREAU OF EMERGENCY MEDICAL SERVICES &  
TRAUMA SYSTEM**



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## Base Hospital Certification

Pursuant to Arizona Administrative Code R9-25-208-A-1, an ALS base hospital, or a centralized medical direction communications center that provides on-line medical direction is required to submit to the Department an application for certification.

### HEALTH CARE FACILITY SECTION

<b>HEALTHCARE FACILITY NAME</b>				
<b>MAIN TELEPHONE NUMBER</b>		<b>ALTERNATE NUMBER</b>		
<b>HEALTHCARE FACILITY MAILING ADDRESS</b>	<b>CITY</b>	<b>COUNTY</b>	<b>STATE</b>	<b>ZIP CODE</b>

### CORPORATE INFORMATION SECTION

<b>HEALTHCARE FACILITY CORPORATE NAME</b>				
<b>MAIN TELEPHONE NUMBER</b>		<b>ALTERNATE NUMBER</b>		
<b>CORPORATE MAILING ADDRESS</b>	<b>CITY</b>	<b>COUNTY</b>	<b>STATE</b>	<b>ZIP CODE</b>

### CHIEF ADMINISTRATIVE OFFICER SECTION

<b>CHIEF ADMINISTRATIVE OFFICER NAME</b>				
<b>MAIN TELEPHONE NUMBER</b>		<b>ALTERNATE NUMBER</b>		

### ADMINISTRATIVE MEDICAL DIRECTOR SECTION

\*Additional Administrative Medical Directors may be listed on page 3 of this application.

<b>ADMINISTRATIVE MEDICAL DIRECTOR NAME</b>				
<b>MAIN TELEPHONE NUMBER</b>		<b>ALTERNATE NUMBER</b>		

### ON-LINE MEDICAL DIRECTION PHYSICIAN SECTION

\*Additional On-Line Medical Direction Physician's may be listed on page 3 of this application.

<b>ON-LINE MEDICAL DIRECTION PHYSICIAN NAME</b>				
<b>MAIN TELEPHONE NUMBER</b>		<b>ALTERNATE NUMBER</b>		



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### PRE-HOSPITAL COORDINATOR

<b>PRE-HOSPITAL COORDINATOR NAME</b>			
<b>MAIN TELEPHONE NUMBER</b>		<b>ALTERNATE NUMBER</b>	

### BASE HOSPITAL QUALIFICATION SECTION

Pursuant to Arizona Administrative Code R9-25-203-B, an ALS base hospital, or a centralized medical direction communications center that provides on-line medical direction is required to answer the following questions attesting that they are in compliance.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Does this ALS base hospital attest to have operational and accessible communication equipment that will allow an on-line physician to give on-line medical direction?
<input type="checkbox"/>	<input type="checkbox"/>	Does this ALS base hospital attest to have a written plan for alternative communications with an EMT in the event of disaster, communication equipment breakdown or repair, power outage, or malfunction?
<input type="checkbox"/>	<input type="checkbox"/>	Does this ALS base hospital attest to have an Administrative Medical Director as outline in A.A.C. R9-25-204?
<input type="checkbox"/>	<input type="checkbox"/>	Does this ALS base hospital attest to have an on-line physician available to give on-line medical direction to an EMT 24 hours a day, seven days a week?
<input type="checkbox"/>	<input type="checkbox"/>	Does this ALS base hospital attest that the on-line physician has emergency medicine certification from a specialty board recognized by the Arizona Medical Board or the Arizona Board of Osteopathic Examiners in Medicine and Surgery?
<input type="checkbox"/>	<input type="checkbox"/>	Does this ALS base hospital attest that the on-line physician has completed an emergency medicine residency training program accredited by the Accreditation Council for Graduate Medical Education or approved by the American Osteopathic Association; or Is practicing emergency medicine and has proficiency in advanced emergency cardiac life support, proficiency in advanced trauma life support, and proficiency in pediatric emergency care?
<input type="checkbox"/>	<input type="checkbox"/>	Does this ALS base hospital attest that they will comply with all requirements in A.R.S. Title 36, Chapter 21.1 and 9 A.A.C. 25?

### REQUIRED DOCUMENTS SECTION

Pursuant to Arizona Administrative Code R9-25-208-A-2 and R9-25-208-A-2, an ALS base hospital, or a centralized medical direction communications center that provides on-line medical direction is required to submit to the Department an application including the following documents. Please indicate below if the described documents are attached or enclosed with this application.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Has this ALS base hospital attached or enclosed a copy of their current general hospital license issued under 9 A.A.C. 10, Article 2?
<input type="checkbox"/>	<input type="checkbox"/>	Has this ALS base hospital attached or enclosed a copy of each executed written agreement, including all attachments and exhibits, described in A.R.S. § 36-2201(2)?



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## Base Hospital Certification

### ADDITIONAL ADMINISTRATIVE MEDICAL DIRECTORS

<b>ADMINISTRATIVE MEDICAL DIRECTOR NAME</b>	
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<b>MAIN TELEPHONE NUMBER</b>		<b>ALTERNATE NUMBER</b>	
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<b>ADMINISTRATIVE MEDICAL DIRECTOR NAME</b>	
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<b>MAIN TELEPHONE NUMBER</b>		<b>ALTERNATE NUMBER</b>	
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<b>ADMINISTRATIVE MEDICAL DIRECTOR NAME</b>	
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<b>MAIN TELEPHONE NUMBER</b>		<b>ALTERNATE NUMBER</b>	
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### ADDITIONAL ON-LINE MEDICAL DIRECTION PHYSICIANS

<b>ON-LINE MEDICAL DIRECTION PHYSICIAN NAME</b>	
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<b>MAIN TELEPHONE NUMBER</b>		<b>ALTERNATE NUMBER</b>	
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<b>ON-LINE MEDICAL DIRECTION PHYSICIAN NAME</b>	
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<b>MAIN TELEPHONE NUMBER</b>		<b>ALTERNATE NUMBER</b>	
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<b>ON-LINE MEDICAL DIRECTION PHYSICIAN NAME</b>	
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<b>MAIN TELEPHONE NUMBER</b>		<b>ALTERNATE NUMBER</b>	
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<input type="checkbox"/>	SUBMISSION DATE	<p>If submitting this application by electronic signature, by checking the box to the left, or affixing a signature, attests that all information provided in this application and / or any required supplemental forms and documents submitted to the Bureau are true and accurate. A.A.C. R9-25-208(A)(1)(h).</p>  <p align="center">_____</p> <p align="center">Chief Administrative Officer Signature (or Designee)</p>
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