



Application for Enrollment

AZEMSC Voluntary EMS Pediatric
Recognition (MARK) Program

EMS Agency Informaiton

Agency Name :

Address :

Agency License # :

EMS Agency Director

Name :

EMS Agency Medical Director

Name :

Designated Pediatric Emergency Care Coordinator

Name :

EMCT Cert # :

Phone Number:

Email Address :

MARK Program Decals

Indicate number of decals needed:

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Applicant Program Manual



[Access The Applicant Program Manual Here](#)



Attestation and Compliance Reporting Form

AZEMSC Voluntary EMS Pediatric Recognition (MARK) Program

*To be completed by an **EMS Agency Administrator** (e.g. chief operating officer, administrator, director, president, etc.). This form will be electronically signed during the application submission and this copy is provided for informational purposes only.*

By signing this verification form, I attest that my EMS Agency:

Is currently compliant with all applicable BEMSTS statutes and regulations.

Shall participate in national EMS assessments, administered by AZEMSC and the National EMSC Data Center (EDC) to maintain program participation and recognition.

Has designated individual to serve as the Pediatric Emergency Care Coordinator (PECC) as noted in the program guidelines, included their name and contact information on the application, and shall notify AZEMSC of any personnel changes related to this position.

Maintains, on all EMS vehicles, all pediatric equipment mandated by Arizona licensure standards and the AZEMSC Making Arizona Ready for Kids Program and agree that our equipment, specific to this form, is subject to audit and inspection by AZEMSC and BEMSTS representatives.

Requires ALS providers to obtain a minimum of four (4) hours of continuing education on pediatric-specific subject matters on an annual basis, and BLS providers to obtain a minimum of two (2) hours of continuing education on pediatric specific subject matters on an annual basis. (All courses must meet BEMSTS standards for continuing education credit). That we maintained documentation of completion of required education hours such as course completion certificates or continuing education reports for providers at our EMS agency and will make these records available for a review upon request.

Has a written plan to evaluate pediatric skill competency for all staff a minimum of once per year, using a variety of methods and maintains documentation of these evaluations that will be made available for review upon request.

Regularly participates in at least one community outreach event annually which focuses on pediatric education, injury prevention initiatives, and/or outreach within our community. We will maintain records of our participation in these events and provide notice, whenever possible, to the AZEMSC Program of upcoming community outreach events.

Print Name:

Title:

Signature:

Date: