



# MT EMSC Voluntary Prehospital Recognition Program Application



The *MT EMSC Voluntary Prehospital Recognition Program* is structured to be a multi-level recognition system. Agencies must meet the requirements of Levels I, II, and III to achieve Level IV.

## Level I -Basic -Bronze –PECC /Equipment & Supply Requirements and Assessment Participation

Agencies must staff a [Pediatric Emergency Care Coordinator \(PECC\)](#). PECCs advocate for improved competencies and availability of resources for pediatric patients, coordinate pediatric emergency care at EMS Agencies, and ensure providers are prepared to care for ill and injured children.

In addition, ambulances must have the required pediatric-specific equipment/supplies for Montana state licensure, as outlined in the [MT EMS Rule Appendix](#), <https://dphhs.mt.gov/publichealth/EMSTS/ems/resources>, including carrying pediatric restraint devices on all transport units.

- *Recommended pediatric equipment and supplies are based on the [2020 Joint Position Statement: Recommended Essential Equipment for BLS and ALS Ground Ambulances](#).*

Lastly, agencies must participate in the annual [EMS for Children Survey](#).

## Level II -Intermediate-Silver –Pediatric Education for Providers

Agencies will require their providers to receive at least **four (4) hours** of pediatric-specific continuing education **annually**.

## Level III -Master -Gold –Community Outreach Programs

Agencies shall regularly participate in community outreach. The outreach will include at **least two (2) annual events** regarding the health and well-being of children. Some examples include a bike safety rodeo, Community Health Fairs, Pediatric Disaster Training or drills, etc.

## Level IV - Expert–Platinum –Child Passenger Safety Technicians

The EMSC program wishes to acknowledge EMS Agencies working to ensure children are safe in their child passenger safety seats. To meet the requirements, agencies shall do the following:

1. Have, at a minimum, one (1) certified Child Passenger Safety (CPS) Technician at the EMS Agency
2. Host at least one (1) car seat inspection event annually.

**Safety Plus Endorsement – (CPS) Background Check Requirement for the EMS Agency.** Agencies demonstrate that all EMS providers completed a child protective services background clearance.



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## Recognition Program Application:

### EMS Agency Information

Name of EMS Agency:	
Mailing Address:	
Physical Mailing Address	
Affiliate #:	Level Applied for:
Primary Contact Name and Title:	
Phone Number:	
Email Address:	

### EMS Agency Medical Director Information

NAME: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Physical address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

### EMS Agency Pediatric Emergency Care Coordinator (PECC) Information

NAME: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Physical address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

*Montana EMSC Program  
PO Box 202951,  
1400 Broadway, Room C314A  
Helena, MT 59620  
(406) 444-3895/ fax (406) 444-1814*





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## Acknowledgment

### Overview of the MT EMSC Prehospital Recognition Program:

**LEVEL I:** I attest that my EMS Agency staffs a Pediatric Emergency Care Coordinator (PECC). I acknowledge that my ambulances have the required pediatric-specific equipment/supplies for state licensure, including carrying pediatric restraint devices on all transport units.

I acknowledge that in future ambulance licensure inspections conducted by the MT Department of Public Health and Human Services, the EMS Licensor will verify equipment standards and continued maintenance.

My Agency will participate in the national EMSC survey or assessment administered by the EMSC Data Analysis Resource Center (EDC).

**LEVEL II:** By signing this verification form, I attest that my EMS Agency requires that all EMS providers obtain a minimum of **four (4) hours** of continuing education on pediatric-specific subject matter per year. I attest that we maintain proof of this accomplishment, such as course completion certificates or Montana EMS continuing education reports for each provider at our Agency. I acknowledge that our training records, specific to this requirement, are subject to audit and inspection without notice.

**LEVEL III:** By signing this verification form, I attest that my EMS Agency regularly participates in at least **two (2) community outreach offerings annually**, focusing on pediatric education, injury prevention initiatives, and/or outreach within our community (list outreach events, dates held, audience, and collaborating organizations).

**LEVEL IV:** By signing this verification form, I attest that my EMS Agency has at least one (1) nationally certified Child Passenger Safety (CPS) Technician on staff or as a member of our EMS Agency. I acknowledge that my EMS Agency will complete at least **one (1) public child safety seat inspection event annually** and that our CPS Technician(s) will be available either during regular weekly hours, by appointment, or a combination of both.

**SAFETY PLUS ENDORSEMENT:** By signing this verification form, I attest that my EMS Agency conducts background checks on all our EMS providers who function as clinical care providers for our Agency.

Print Name/Title: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Affiliate # \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email address: \_\_\_\_\_

