

**Outline for Written Proposal to perform ALS Interfacility Care and Transport in Philadelphia**  
**(Rev. 10/3/00)**

**General Format:** Three copies of the Written Proposal must be submitted to the Regional Office. Each copy must be presented in a binder with numbered pages, a table of contents and section tabs. Attachments must be identified by a number or letter system for easy reference.

**Note:** The language of the proposal must clearly show the intention to provide ALS Interfacility service according to Philadelphia Regional EMS Council requirements.

1. Introduction

- a) Company History
- b) Statement of Location and Ownership
- c) Listing of Licenses and Certifications

2. Mission Statement

- a) Statement of Intentions, Goals, Objectives

3. Geographic scope of ALS Interfacility operations

4. Medical Director

Background, experience, resume, duties and responsibilities, signed medical director's agreement; signed letter from Medical Director

5. Hospital Affiliation and Medical Command location

6. Medical Command Facility Medical Director

Background, experience, resume, duties and responsibilities; signed letter from Medical Command Facility Director

7. ALS Coordinator

Background, experience, resume, duties and responsibilities; signed letter from ALS Coordinator

8. Operational Procedures

- a) Communications
- b) Personnel/Staffing
- c) Vehicle Standards, Equipment, Supplies

9. Quality Assurance/Improvement Program - Written policies

10. ALS Medications & Supplies

- a) Medication list
- b) Ambulance responsibilities
- c) Hospital responsibilities
- d) Inventory control & Restocking
- e) Protocols
- f) Record Keeping

11. Right to enter and inspect

Service agrees to onsite inspections by Regional Office staff.

12. Conclusion

13. Attachments, if not included in the body of the proposal, may include:

- a) PA Ambulance Licensure Application (includes mutual aid agreements, policy statements, etc.)
- b) Employee roster: name, level of certification, certification numbers, expiration dates, EVOC
- c) Copy of service run sheet
- d) Medication control form
- e) Run volumes
- f) Vehicle listing
- g) Medication log form(s)
- h) Any other pertinent forms