



## Enrollment Form Checklist

1. Name of Department
  - a. Indicate the name to be printed on the Protocols
  - b. Provide a logo if desired but this is optional.
  - c. Provide a photo (optional) of your ambulance or station for the front of the Protocols.
  
2. Type of Service
  - a. 911
  - b. Transfer
  - c. Both
  
3. Designation of your ambulances:
  - a. BLS
  - b. ALS
  - c. MICU
  
4. Current Medical Director name and medical license number.
  
5. Current federal DEA number associated with your department and the date of expiration. It will take approximately 8 weeks to have the new DEA number for your Department so it is important that you have enough medication on hand for eight weeks of operation.
  
6. Current Texas DPS number associated with your department and the date of expiration.
  
7. Letter of malpractice coverage for your Department and for the Medical Director.
  
8. Initial skills check-off of every provided is required and the “Yearly Skills Check Off” form should be submitted at the time of enrollment.
  
9. Acknowledgment of CQI Benchmarks must be provided to assure compliance with CQI goals for the department.