



Our Town EMS
Quarterly Update

Instructions:

- + The Department Training Officer shall daily evaluate all runs made by the department. Any areas of noncompliance should be addressed at that time as per CQI Benchmarks form.
- + Quarterly the Training Officer shall pull a random sample of 30% of the total runs. Be sure to remove the identifiers of name, address, phone number, and social security number.
- + Complete the statements below by initialing each statement.
- + Fax the run sheets along with this form to
EMS-MD.COM™ at (866) 980-0050 within one week of the end of the quarter.

The Department further certifies that:

- ✍ ____ Malpractice insurance is in full force and there have been no interruptions in coverage for the Medical Director and the Department since the last report.
- ✍ ____ Every provider has met the State requirements for ongoing Continuing Education.
- ✍ ____ Every provider certification has been verified and each member is in good standing with the State.
- ✍ ____ Every provider has performed and passed the NREMT skills evaluations for their level of certification in the past 12 months.
- ✍ ____ There has been no threatened litigation since the last quarterly update.

Name _____ Signature _____

Title _____ Date _____