

**COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
STATE 911 DEPARTMENT
151 Campanelli Drive, Suite A
Middleborough, MA 02346
Phone (508) 828-2911
www.mass.gov/e911**

**PSAP/RECC ANNUAL CERTIFICATION OF COMPLIANCE FORM
FOR FISCAL YEAR 2025**

THIS FORM IS DUE ON OR BEFORE JULY 31, 2025

FORM MUST BE TYPED

Name of PSAP/RECC

Address

City/Town/Zip

Telephone Number

Fax Number

Website

Name /Title of Authorized Signatory

(person completing form)

Address (if different from above)

Telephone Number

Fax Number

Email Address

I, _____, hereby certify on behalf of the above Public Safety Answering Point or Regional Emergency Communication Center ("Certifying Entity") as follows:

1. I am authorized to complete this Certification of Compliance.
2. Each person who acts as an enhanced 911 telecommunicator for the Certifying Entity is certified as an enhanced 911 telecommunicator in accordance with the provisions of 560 CMR 5.00.
3. The following is a complete list of each person who acts as an enhanced 911 telecommunicator for the Certifying Entity, and each such person is certified as an enhanced 911 telecommunicator in accordance with the provisions of 560 CMR 5.00 and the continuing education training and hours for each person.
(See page 4 for spreadsheet)

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4. Primary PSAPs, Regional PSAPs, RECCs only:

The Certifying Entity provides EMD as required by the provisions of 560 CMR 5.00 as follows:
(check one)

☐ through certified emergency medical dispatchers (provided by the PSAP)

Or

☐ through the following certified EMD resource (provided by Fire Department, Private Ambulance Company or other Certified Entity): _____
Insert Name of Certified EMD Resource*(if applicable)

5. If the Certifying Entity provides EMD through certified emergency medical dispatchers (provided by the PSAP), list for each enhanced 911 telecommunicator the expiration date for EMD certification and CPR certification.

(See page 5 for spreadsheet)

6. If the Certifying Entity provides EMD through certified emergency medical dispatchers (provided by the PSAP), please identify the EMD protocol being used. (check one)

☐ APCO

☐ TotalResponse (PowerPhone)

☐ Priority Dispatch

7. Please provide the name and contact information for the Medical Director that approves your EMD protocols? _____

8. If the Certifying Entity provides EMD through certified emergency medical dispatchers (provided by the PSAP), who performs quality assurance for the Certifying Entity (i.e., who is your Quality Assurance Administrator)? _____

9. If the Certifying Entity provides EMD through certified emergency medical dispatchers (provided by the PSAP), how many medical calls have you received as of the date of this Annual Certification of Compliance filing with the State 911 Department? _____

10. If the Certifying Entity provides EMD through certified emergency medical dispatchers (provided by the PSAP), what percentage of medicals calls were reviewed for quality assurance?

11. If the Certifying Entity provides EMD through certified emergency medical dispatchers (provided by the PSAP), briefly describe the method of documentation being used for quality assurance. **PSAP must attach a detailed explanation of the process being used to perform quality assurance, and a completed Quality Assurance Form that is utilized and maintained as proof of quality assurance.**

(Attach separate page if more space is necessary)

12. The Certifying Entity has notified the local emergency medical services provider of the EMDPRS that is used for the Certifying Entity and the local emergency medical services provider has acknowledged receipt of such notification.

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I understand that records disclosed to the State 911 Department may be or may become a public record and may not be protected from disclosure by law.

I hereby declare, under the pains and penalties of perjury, that the above statements are true and correct to the best of my knowledge and belief.

Printed Name and Title

Signature

Date

*Please note, if your PSAP or RECC is providing EMD through a Certified EMD Resource, that the Certified EMD Resource is also required to complete and submit to the State 911 Department a Certified EMD Resource Annual Certification of Compliance Form. Please coordinate with your Certified EMD Resource to ensure Annual Certification of Compliance Form is filed in compliance with regulations.

Mail Completed Application to:

STATE 911 DEPARTMENT
151 Campanelli Drive, Suite A
Middleborough, MA 02346

ATTN: MONNA WALLACE

For assistance, please contact Monna Wallace at 508-821-7220 or by email at monna.wallace@mass.gov

PSAP/RECC ANNUAL CERTIFICATION OF COMPLIANCE FORM
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Continuing Education Hours for Enhanced 911 Telecommunicators

Please be advised that, in order to maintain certification, each certified enhanced 911 telecommunicator shall successfully complete sixteen (16) hours of Department-approved continuing education annually which **MUST** include a minimum of 2 hours of behavioral health training. If a person fails to comply with this requirement, in whole or in part, in a given annual period, the person may be required to complete additional hours of continuing education in a subsequent annual period, and the State 911 Department reserves the right to withhold grant funding for such additional hours of continuing education.

TWO (2) HOURS OF THE REQUIRED SIXTEEN (16) HOURS OF CONTINUING EDUCATION MUST BE DEPARTMENT APPROVED BEHAVIORAL HEALTH TRAINING

- * Please list certified enhanced 9-1-1 telecommunicators **alphabetically by last name, first name**
- * Please **ONLY** list **1 (one)** course per line.
- * Please **LEAVE 1 (one) blank line** after each individual that is listed.
- * If additional continuing education sheets are needed please email venus.wheeler@mass.gov
- * Please **DO NOT** submit your own spreadsheet. You **MUST** use the spreadsheet provided below.

To see a completed sample of this page please visit www.mass.gov/e911

LAST NAME	FIRST NAME	TITLE OF COURSE	VENDOR	DATE(S)	Hours

CERTIFIED EMD RESOURCE CERTIFICATION OF COMPLIANCE FORM
FOR FISCAL YEAR 2025

[illegible]

CERTIFIED EMD RESOURCE CERTIFICATION OF COMPLIANCE FORM
FOR FISCAL YEAR 2025

[illegible]

CERTIFIED EMD RESOURCE CERTIFICATION OF COMPLIANCE FORM
FOR FISCAL YEAR 2025

[illegible]

CERTIFIED EMD RESOURCE CERTIFICATION OF COMPLIANCE FORM
FOR FISCAL YEAR 2025

[illegible]

CERTIFIED EMD RESOURCE CERTIFICATION OF COMPLIANCE FORM
FOR FISCAL YEAR 2025

[illegible]

CERTIFIED EMD RESOURCE CERTIFICATION OF COMPLIANCE FORM
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[illegible]

CPR Certification Expiration Date and EMD Certification Expiration Date

To see a completed sample of this page please visit www.mass.gov/e911

****PROOF OF CPR AND EMD CERTIFICATIONS MUST BE PROVIDED FOR CERTIFIED 9-1-1 TELECOMMUNICATORS LISTED ON THIS PAGE.****

[illegible]