

**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**

**CERTIFIED EMD RESOURCE ANNUAL CERTIFICATION OF COMPLIANCE FORM
FOR FISCAL YEAR 2018
THIS FORM IS DUE ON OR BEFORE JULY 31, 2018**

**If the Certified EMD Resource serves as the Certified EMD Resource for more than one PSAP/RECC,
the Certified EMD Resource shall complete a separate form for each PSAP/RECC.**

FORM MUST BE TYPED

Name of Certified EMD Resource

Address

City/Town/Zip

Telephone Number

Fax Number

Website

Name /Title of Authorized Signatory

Address (if different from above)

Telephone Number

Fax Number

Email Address

I, _____, hereby certify on behalf of
_____ (“Certified EMD Resource”) as follows:

1. I am authorized by the Certified EMD Resource to complete this Certification of Compliance.
2. The Certified EMD Resource was at all times and remains now in compliance with the requirements of 560 CMR 5.00 applicable to the Certified EMD Resource.
3. Each person who acts as an emergency medical dispatcher for the Certified EMD Resource has maintained certification in emergency medical dispatch through an emergency medical dispatch certification organization approved by the State 911 Department.
4. Each person who acts as an emergency medical dispatcher for the Certified EMD Resource has completed 16 hours of continuing education annually.
5. New employees have completed all minimum requirements including an approved 40 hour basic telecommunicator course.
6. Attached to this Certification of Compliance is documentation that each person that acts as an emergency medical dispatcher for the Certified EMD Resource has maintained certification in emergency medical dispatch through an emergency medical dispatch certification organization approved by the State 911 Department and has maintained CPR certification. (See page 3 for spreadsheet)

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7. What is the name of the PSAP/RECC for which you serve as the Certified EMD Resource?

8. Please identify the EMD protocol being used to provide EMD through certified emergency medical dispatchers.(check one)
- ☐APCO ☐PowerPhone ☐Priority Dispatch
9. Please provide the name and contact information for the Medical Director of your EMD protocols? _____
10. Who performs quality assurance (i.e., who is your Quality Assurance Administrator)?

11. How many medical calls for the named PSAP/RECC have you received as of the date of this Annual Certification of Compliance filing with the State 911 Department? _____
12. What percentage of medicals calls were reviewed for quality assurance? _____
13. Describe briefly the method of documentation being used for quality assurance. (Attach separate page if more space is necessary)
- _____

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

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@state.ma.us

