

## Completing the Limited Request for Recognition Form

The purpose of the “*Limited Request for Recognition*” form is to advise the state EMS office (state of incident location) that you have established a medical unit within their jurisdiction, and you are identifying out-of-jurisdiction (the state’s) EMS personnel who are going to be rendering care for a limited period of time.

This form does not provide certification/licensure reciprocity. It only notifies authorities of the presence of out-of-state EMS resources.

*VIPR and Standard Form 1449 do not grant cross-state medical or transport authority. All non-federal EMS personnel and ambulances must comply with Nevada EMS statutes, regulations, medical direction, and protocols while operating in Nevada. BLS may function at EMT scope after verification. ALS requires Nevada EMS approved medical director and adherence to approved protocols. Transport on public roads requires a Nevada-permitted ambulance service. (SF-1449 section D.2.2.3, D.3, D.4)*

A new form must be completed for each resource as they move from incident to incident within that state or if they travel to another state.

Remember too, that advanced life support (ALS) care rendered requires in-jurisdiction medical direction. The state EMS office may be able to help you with this.

To locate the state EMS office, simply click on the NWCG Emergency Medical Support Group (EMSG) web site (<https://www.nwcg.gov/>) and go to the National Association of State EMS Directors (NASEMSD) web site link. The NASEMSD web address is: <http://nasemso.org/> Click on the state where your incident is located. You will go immediately to the appropriate state contact number.

The National Registry of Emergency Medical Technicians also has a web site that will provide you with the correct state EMS contact information. The NREMT web address is: <https://www.nremt.org/>

Both websites may offer additional important and helpful information to you about the area EMS facilities and services in completing the *Incident Medical Unit Plan* (ICS 206). Additional links are expected to be added. **REMEMBER TO VERIFY ALL INFORMATION TAKEN FROM WEB SITES** e.g. telephone numbers, services, etc.

**It cannot be overly stressed that it is the responsibility of the Medical Unit Leader(or the Incident Medical Specialist Manager or Alaska Firemedic manager, if so designated) to complete the Limited Request for Recognition form.**

Remember, there are a multitude of statutory and administrative regulations from state to state. You may be required to provide additional information and proof of certification/licensure to the State EMS Office. **Contact them for specific information and assistance.**

## LIMITED REQUEST FOR RECOGNITION

*(Print or type all information. Use additional forms as necessary.*

***MEDL/IMSMs are responsible for reporting all arriving out of state resources within 24 hours to the designated state EMS office.***

*See <http://nasemso.org/> for contact information)*

**For Nevada submissions, email the completed form to: [HealthEMS@health.nv.gov](mailto:HealthEMS@health.nv.gov)**

Authorization for recognition is requested for the following emergency medical personnel assigned to the \_\_\_\_\_ incident. The identified personnel will provide emergency medical and health care services for incident personnel. It is anticipated that they may be providing these services for up to 21 days from the date of this notification.

- |    |           |                 |               |                  |
|----|-----------|-----------------|---------------|------------------|
| 1. | _____     | _____           | _____         | _____            |
|    | Full name | Cert/Lic. Level | name of State | NREMT or State # |
| 2. | _____     | _____           | _____         | _____            |
|    | Full name | Cert/Lic. Level | name of State | NREMT or State # |
| 3. | _____     | _____           | _____         | _____            |
|    | Full name | Cert/Lic. Level | name of State | NREMT or State # |
| 4. | _____     | _____           | _____         | _____            |
|    | Full name | Cert/Lic. Level | name of State | NREMT or State # |
| 5. | _____     | _____           | _____         | _____            |
|    | Full name | Cert/Lic. Level | name of State | NREMT or State # |

The above individual(s) will be assigned starting on \_\_\_\_\_

The location of the incident is: \_\_\_\_\_  
\_\_\_\_\_

The primary agency/unit jurisdictional authority is: \_\_\_\_\_

Medical Director Name: \_\_\_\_\_ Contact Info: \_\_\_\_\_

### State compliance (VIPR/SF 1449)

- ☐ Incident medical resources are operating under Nevada EMS rules and local protocols.
- ☐ ALS care will only be performed under a Nevada medical director.
- ☐ If transport on public roads occurs, it will be by a Nevada-permitted ambulance service.
- ☐ VIPR/SF 1449 orders do not replace Nevada licensure, permitting, or medical oversight.

I attest that I verified the listed certifications/licenses and that all non-federal EMS personnel and ambulance resources will operate in compliance with Nevada EMS laws and protocols. If operating under VIPR agreements and SF 1449 orders, I further attest they will meet all state and local requirements, including medical direction for ALS and Nevada ambulance permitting for any transport.

\_\_\_\_\_  
**Medical Unit Leader-Print Name** (\_\_\_\_\_) \_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number or Email

\_\_\_\_\_  
**Medical Unit Leader-Signature**  
**State EMS approval** \_\_\_\_\_

\_\_\_\_\_  
**Date**