



State of New Jersey

DEPARTMENT OF HEALTH
OFFICE OF EMERGENCY MEDICAL SERVICES
PO BOX 360
TRENTON, N.J. 08625-0360

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

www.nj.gov/health

MARY E. O'DOWD, M.P.H.
Commissioner

EMS Task Force Application Process

The application process for admission onto the EMS Task Force (EMS TF) will be conducted in two phases. First, application for agency membership will be solicited and then ranked by a committee based on a cumulative scoring of specific selection criteria. Second, individual Emergency Medical Technician Basic and Paramedic membership applications will be accepted and scored on a similar basis as agencies are selected to participate.

The Department will consider agencies that have more than one ambulance and willing to submit to a vehicle inspection by the EMS TF inspection team. Agencies are requested in their application to provide eight individual member candidates to support their agency's participation in the EMS TF. The selection committee will identify four individuals for the initial selection. Agencies shall be willing to commit to a one year term and are willing to participate in additional training and exercise requirements.

The Department will issue identification for each vehicle that is part of the EMS TF designation. Agencies that are not currently licensed by OEMS will not be required to become licensed in order to participate in the EMS TF. In addition, agencies wishing to participate should be able to commit resource(s) to, not only, a rigorous training schedule that will be provided in advance but also commit to emergency response for a period of up to 72 hours once deployed.

Agency applications are being accepted for the Northern, Central and Southern Regional EMS TF. The enclosed application should be completed in its entirety and returned to the DHSS, Office of Emergency Medical Services. Please send your completed application to:

NJ Department of Health
Office of Emergency Medical Services
EMS Task Force Application Processing
P.O. Box 360
Trenton, NJ 08625

The application should be completed by the chief operations officer or their designee. When answering the questions, feel free to site specific incidents and describe how or what role your agency participated in them. Please include dates and incident specifics so that agency accounts can be confirmed.

**New Jersey Department of Health
Office of Emergency Medical Services**

Application for
**NEW JERSEY STATE
EMERGENCY MEDICAL SERVICES TASK FORCE**

Check only one:

Northern EMS Task Force, Bergen, Essex, Hudson, Sussex, Warren, Morris, Passaic Counties

Central EMS Task Force, Mercer, Middlesex, Monmouth, Ocean, Somerset, Hunterdon, Union Counties

South EMS Task Force, Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester and Salem

AGENCY NAME: _____

PHYSICAL ADDRESS

MAILING ADDRESS

_____	_____
_____	_____
_____	_____

PERSON COMPLETING APPLICATION: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL: _____

COUNTY: _____

AGENCY TELEPHONE: _____

AGENCY 24 HOUR FAX: _____

AGENCY EMAIL: _____

CAPTAIN/DIRECTOR: _____

PHONE: _____

EMAIL: _____

Please list three other line officers/supervisors and telephone numbers:

Name	Rank	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

In the space provided below, please indicate participation in other task forces and specialized training your agency has obtained. For example, if your agency is part of a county task force and has received training in technical rescue, please include these particulars. Be as specific as possible:

Questions:

Please list the vehicle(s) recognition numbers, type and vehicle information number on the space provided below. Be sure to include any special operation or ancillary vehicles the agency has available. If additional space is needed please list fleet on a separate sheet of paper.

Recognition Number	Type	VIN #
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Will you be able to submit eight (8) members for the EMS Task Force? _____

Number of active members or employees: _____

Call volume for previous year: _____

Total number of ambulances: _____

Total active members certified as EMT-Bs: _____

Total active members with greater than three years of experience: _____

Has your agency participated in any emergency management driven exercises? If so, in the space below please list the dates, drills attended and the role your agency played.

In up to three pages, please describe why you feel your agency would be an asset to the New Jersey EMS Task Force? Please use any examples from incidents and/or exercises, your agency has participated.

