



MUNICIPALITY REQUEST TO CHANGE PRIMARY SERVICE AREA
RESPONDER (PSAR)

This form must be completed and submitted for a municipality to petition and/or request to remove, change, or suspend its Primary Service Area Responder (PSAR) under the following provision(s) of the Connecticut General Statutes ("the Statutes"), and/or the Regulations of Connecticut State Agencies ("the Regulations").

(name of municipality) is requesting (check all that apply):

Pursuant to Section 19a-181c (b) (1) of the Statutes - Remove the current PSAR alleging that a performance crisis exists (include all supporting documentation as attachments to this form).

Pursuant to Section 19a-181c (b) (2) of the Statutes - Remove the current PSAR responder alleging unsatisfactory performance of the responder (include all supporting documentation as attachments to this form).

Pursuant to Section 19a-181d of the Statutes - A hearing be held by DPH as it cannot reach a written agreement with the current PSAR concerning performance standards (include all supporting documentation as attachments to this form).

Pursuant to Section 19-181f of the Statutes - Change the PSAR for the municipality by submission of an alternative local emergency medical services plan (include as an attachment) for the following reasons (check all that apply):

The municipality's current PSAR has failed to meet the standards outlined in the local emergency medical services plan, established pursuant to section 19a-181b of the Statutes.

The municipality has established a performance crisis or unsatisfactory performance, as defined in Section 19a-181c of the Statutes.

The current PSAR does not meet a performance measure provided in regulations adopted pursuant to section 19a-179 of the Statutes.

The municipality has developed a plan for regionalizing service.

The municipality has developed a plan that will improve or maintain patient care and the municipality has the opportunity to align a new primary service area responder that is better suited than the current primary service area responder to meet the community's current needs.



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Office of Emergency Medical Services



Suspend the current primary service area responder because an emergency exists and the safety, health, and welfare of the citizens are in jeopardy pursuant to Section 19a-179-4(e) of the Regulations.

Current PSAR: _____
Connecticut Certificate/License No.: _____

Proposed new PSAR: _____
Connecticut Certificate/License No.: _____

Level of Service provided:

First Responder Basic Ambulance Advanced Life Support

Submitted by,

(Municipality CEO name - PRINT)

(Municipality CEO signature)

(Date)

STATE OF _____ COUNTY OF _____
In _____, on the ___ day of _____, 20___, before me, a Notary Public in and for the above state and county, personally appeared _____, known to me or proved to be the person named in and who executed the foregoing instrument, and being first duly sworn, such person acknowledged that he or she executed said instrument for the purposes therein contained as his or her free and voluntary act and deed.

NOTARY PUBLIC
My Commission Expires: _____

(SEAL)

Submit the original application (including all required attachments) to the address below, to the attention of the Regional EMS Coordinator.
Please remember to retain a copy for your records.

Department of Public Health
Office of Emergency Medical Services
410 Capitol Avenue, MS#12EMS
PO Box 340308
Hartford, CT 06134-0308
(860) 509-7975