EMERGENCY MEDICINE PROVIDER CHECKLIST FOR TRANSFER OF EMERGENCY SERVICE RESPONSIBILITIES

1. BSO 18 Installation Name Transferring Responsibility to CNIC or CMC F&ES			2. Date
3a. Preparer Name		3b. E-mail Address	3c. Telephone No.
4. Current EMS Capability		5. Current EMS Transport Provider	6. Projected EMS Capability
7. Ambulances (Numbers)			
7a. Total Projected	7b. Current	7c. Transferred from Navy Medicine	7d. New Needed
8. Supplies - Budgeted Cost		Note: Per OPNAVINST 11320.27, Oxygen, consumables, and pharmaceuticals will be provided by Navy Medicine.	
9. Human Capital Strategy (Describe in detail the FTEs needed and the plan for standing up EMS on the installation)			
10. Dispatch Procedures (Describe any Dispatch Procedure Changes that will need to be made)			
11. Facility Requirements (Describe any facility shortfalls or upgrades that need to be addressed)			
12. Publicity Plan (Describe the plan for notification to leadership regarding the transition of services)			
13. Communication Plan (Describe any additional communication needs such as radios and base stations)			
14. Agreements (Describe any required agreements. Such as MOU with MTF or MAA / MOA with local community)			
15. Training Plan (Describe any changes to the current training procedures)			

16. Medical Control Source		17. EMS Completion Date
18a. Medical Director Name	18b. E-mail Address	18c. Telephone No.
19a. EMS System Manager's Name	19b. E-mail Address	19c. Telephone No.
20. Local Fire and Emergency Services (CNIC / CMC) (F & ES)		
20a. Name	20b. Signature	20c. Date
Local EMS Medical Director will sign section 21 if civilian via an MOA with an MTF or section 22 if at a Navy MTF		
21. Local EMS Medical Director (if via MOA with MTF)		
21a. Name	21b. Signature	21c. Date
22. Local EMS Medical Director (if Appointed by MTF Commanding Officer)		
22a. Name	22b. Signature	22c. Date
23. Local Navy MTF Commanding Officer		
23a. Name	23b. Signature	23c. Date
24. Regional EMS Medical Director		
24a. Name	24b. Signature	24c. Date