



American Medical Response Office of Emergency Management

FEMA Federal EMS Contractor
12020 Intraplex Parkway • Gulfport, MS 39503-4602
Ph. (877) 567-4466 • Fax (800) 216-1983
Email: OEM@amr.net
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AMR Federal Emergency Response Team and Incident Management Team Application

(Please type or print)

Thank you for expressing interest in joining our Federal EMS Team either as an Emergency Response Team (ERT) member or Incident Management Team (IMT) member. ERT members are usually non-leadership positions who are deployed to the Forward Operating Base (FOB) during disasters. They can be EMTs, paramedics, nurses, physicians, office personnel, dispatchers, mechanics, IT, etc. IMT members usually function in leadership roles at the FOB or our National Command Center (NATCOM). They require advanced training in the Incident Command System (ICS) and serve on the EMS ICS General Staff or Command Staff. This form can be used for both ERT and IMT applicants. The final decision will be made by OEM leadership.

Last Name		First Name		Middle Name	
Primary Work Address (Street, apt. #)		City	County	State	Zip Code
Work Phone	Home Phone	Cell Phone	Other Phone or Pager		
Home Address (Street, apt. #)		City	County	State	Zip Code
Email Address					
Emergency Contact	Relationship	Emergency Contact Phone Number	Emergency Contact Email Address		
Employer					
<input type="checkbox"/> AMR <input type="checkbox"/> Rural Metro <input type="checkbox"/> Other (Please specify):					
AMR Region (for AMR and Rural Metro use only)		Current Job Title/Position		Employee ID #	
<input type="checkbox"/> East <input type="checkbox"/> South <input type="checkbox"/> West					
Name of Manager		Name of Human Resources Representative		Name of Education/Training Specialist or Manager	
I am applying for: <input type="checkbox"/> Emergency Response Team (ERT) <input type="checkbox"/> Incident Management Team (IMT) <input type="checkbox"/> Both					
Desired position within ERT: (check all that apply)					
<input type="checkbox"/> Paramedic – Ground Ambulance <input type="checkbox"/> Paramedic – Critical Care <input type="checkbox"/> Paramedic – Fixed Location Support <input type="checkbox"/> Emergency Medical Technician (EMT) <input type="checkbox"/> EMT – Ground Ambulance <input type="checkbox"/> EMT – Fixed Location Support <input type="checkbox"/> Advanced Emergency Medical Technician <input type="checkbox"/> Emergency Medical Responder (EMR) <input type="checkbox"/> Dispatch/Communications <input type="checkbox"/> Air Medical Transport Paramedic <input type="checkbox"/> Air Medical Transport RN <input type="checkbox"/> Air Medical Transport Physician <input type="checkbox"/> Air Medical Transport Manager <input type="checkbox"/> Air Medical Transport Mechanic <input type="checkbox"/> Air Medical Transport Pilot (rotorcraft) <input type="checkbox"/> Air Medical Transport Pilot (fixed-wing) <input type="checkbox"/> Air Medical Evacuation Team <input type="checkbox"/> Documentation Specialist		<input type="checkbox"/> Public Information Officer <input type="checkbox"/> Safety Officer <input type="checkbox"/> Administrative Specialist <input type="checkbox"/> Finance Specialist <input type="checkbox"/> Fleet & Support Services <input type="checkbox"/> EMS Strike Team <input type="checkbox"/> EMS Task Force <input type="checkbox"/> Incident Management Team – Field <input type="checkbox"/> Incident Management Team – EOC <input type="checkbox"/> EMS Incident Management Team <input type="checkbox"/> IT Specialist <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Registered Nurse (Emergency or Critical Care) <input type="checkbox"/> Registered Nurse Advanced or Specialty Practice <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Physician - Emergency Medicine <input type="checkbox"/> Physician – Other <input type="checkbox"/> Respiratory Therapist		<input type="checkbox"/> Firefighter <input type="checkbox"/> Fire Officer I/II <input type="checkbox"/> Fire Officer III/IV <input type="checkbox"/> HazMat Team <input type="checkbox"/> Urban Search & Rescue (US&R) <input type="checkbox"/> Logistics Support Personnel <input type="checkbox"/> Medical Supply Coordinator <input type="checkbox"/> Liaison Officer <input type="checkbox"/> Other:	

Federal ERT / IMT Applicant - The following documents/credentials and questions are requirements of Emergency Medical Services personnel in order to participate in the Federal EMS Response Team. However, not all certifications are required for every position. Submit this form along with copies of your certifications, licenses, and supporting documents to the AMR Office of Emergency Management (OEM).

1.	Valid State EMS Certification (For multiple states, use state of primary practice. Please provide a copy.)				
	Cert./License Number		State	Exp. Date	
<input type="checkbox"/> EMT		<input type="checkbox"/> EMT-Advanced	<input type="checkbox"/> Paramedic	<input type="checkbox"/> EMR	
Other: _____					
2.	Valid State Driver's License (list driver's license number)			State	Exp. Date
3.	<input type="checkbox"/> Emergency Vehicle Operations Course (EVOC) or equivalent, e.g., CEVO, DDC4 (submit copy)			Date Course Completed	
FEMA Training Certifications (Please provide copies of each certification.)					
4.	<input type="checkbox"/> IS-100.b: Introduction to Incident Command System		<input type="checkbox"/> IS-703.a: NIMS Resource Management (required for IMT)		
	<input type="checkbox"/> IS-200.b: ICS for Single Resources and Initial Action Incidents		<input type="checkbox"/> IS-800.b: National Response Framework, An Introduction		
	<input type="checkbox"/> ICS 300: Intermediate ICS for Expanding Incidents (required for IMT applicants)		<input type="checkbox"/> IS-809: Emergency Support Function (ESF) #9 – Search and Rescue (This training is highly recommended but not required.)		
	<input type="checkbox"/> ICS 400: Advanced ICS for Command and General Staff (required for IMT applicants)		<input type="checkbox"/> Other: (Attach Copies)		
	<input type="checkbox"/> IS-700.a: National Incident Management System (NIMS) An Introduction				
HazMat Training (please check all that apply. Awareness Level is the minimum standard required certification. Please provide a copy of the certifications.)					
5.	<input type="checkbox"/> Awareness Level		Date Course Completed	<input type="checkbox"/> Technician Level	
	<input type="checkbox"/> Operations Level		Date Course Completed	<input type="checkbox"/> Specialist Level	
6.	<input type="checkbox"/> Hepatitis B Vaccine Series (3 injections), or <input type="checkbox"/> Hepatitis B Signed Declination Statement (Please provide a copy of completed series or signed declination)			Date series completed or date of Signed Declination Statement	
	Hepatitis Records On File At (be specific)				
	Verifier Signature				
7.	<input type="checkbox"/> Cardiopulmonary Resuscitation (CPR) and Automated External Defibrillator (AED) capabilities (Please provide a copy)			Exp. Date	
8.	<input type="checkbox"/> Strike Team Leader or Task Force Leader Training (This training is highly recommended but not required.)			Date Course Completed	
9.	How many years of experience do you have as an EMS provider (non-supervisor)?			Number of Years	
10.	How many years of supervisory experience do you have in a health setting or EMS setting?			Number of Years	
NFPA Training Certifications (please check all that apply. Applicable only to members who are enrolling as Firefighters. Please provide a copy of each certification.)					
11.	<input type="checkbox"/> NFPA 1001: Standard for Fire Fighter Professional Qualifications		<input type="checkbox"/> NFPA 472: Standard for Competence of Responders to Hazardous Materials/Weapons of Mass Destruction Incidents (OSHA 1910.120 Hazmat Operations or equivalent)		
	<input type="checkbox"/> NFPA 1002: Standard for Fire Apparatus Driver/Operator Professional Qualifications		<input type="checkbox"/> NFPA 1021: Standard for Fire Officer Professional Qualifications		
	<input type="checkbox"/> NFPA 1981: Standard on Open-Circuit Self-Contained Breathing Apparatus (SCBA) for Emergency Services.		<input type="checkbox"/> NFPA 1041: Standard for Fire Service Instructor Professional Qualifications.		
12.	<input type="checkbox"/> Bloodborne Pathogens and Airborne Pathogens training per OSHA 29 CFR 1910.1030 or equivalent. Please provide a copy of course completion certification. (This training is highly recommended but not required.)			Date Course Completed	
13.	<input type="checkbox"/> Weapons of Mass Destruction (WMD) Awareness Training (AWR 160) This training is provided by The Department of Homeland Security and is required to be refreshed every 5 years. (This training is highly recommended but not required.)			Date Course Completed	
14.	<input type="checkbox"/> The Practice and Implementation of EMAC certification online course provided at www.emacweb.org . Please provide a copy of course completion certificate. (This training is highly recommended but not required.)			Date Course Completed	

15.	<input type="checkbox"/> Air Medical Evacuation Team Training Course (AMR provided course. Applicable only to members who are enrolling as Air Medical Evacuation Team members. Please provide a copy of completed course certification.)		Date Course Completed
16.	<input type="checkbox"/> Airframe and Powerplant Mechanic Certification (Please provide a copy)		Date Course Completed
17.	Valid Pilot's License or Certification (Please provide a copy)		
	<input type="checkbox"/> Commercial Pilot	<input type="checkbox"/> Military or Public Use Pilot	
18.	How many years of supervisory, management, or administrative experience do you have in air medical transport service?		Number of Years
19.	Respiratory Therapist - Valid State Certification (For multiple states, use state of primary practice. Please provide a copy)		
	Cert./License Number	State	Exp. Date
	<input type="checkbox"/> RRT	<input type="checkbox"/> CRT	Other:
20.	Registered Nurse - Valid State License (For multiple states, use state of primary practice. Please provide a copy.)		
	Cert./License Number	State	Exp. Date
	<input type="checkbox"/> Registered Nurse <input type="checkbox"/> Clinical Nurse Specialist (CNS) <input type="checkbox"/> Nurse Anesthetist (CRNA) <input type="checkbox"/> Nurse-Midwife (NMW)	<input type="checkbox"/> Nurse Practitioner (NP) <input type="checkbox"/> Psychiatric/Mental Health Nurse (PMH) <input type="checkbox"/> Public Health Nurse (PHN) <input type="checkbox"/> Other:	
21.	Physician Assistants - Valid National Commission Certification (for multiple states, use state of primary practice. Provide a copy.)		
	Cert./License Number	State	Exp. Date
22.	Physicians - Valid State License (For multiple states, use state of primary practice. Provide a copy)		
	Cert./License Number	State	Exp. Date
	Physicians - Valid Drug Enforcement Administration License		
	Cert./License Number	Exp. Date	
	<input type="checkbox"/> Board Certification or board-eligible in emergency medicine (or comparable specialty). Please provide a copy.		
	Do you actively provide medical direction to an EMS service?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where:
23.	List all additional certifications and/or licenses not listed elsewhere. (Please provide copies)		Exp. Date
24.	Color Photograph. You must submit a color photograph of yourself by forwarding a digital image to OEM@amr.net in one of the following formats: .jpg, .gif, .bmp, .png, or .tif. If you do not have access to a digital camera or internet, mail a picture to: AMR-OEM, 12020 Intraplex Pkwy., Gulfport, MS 39503-4602. (See Photograph Guidelines at end of this document)		

Incident Management Team Applicants: The following Questionnaire is intended for applicants interested in obtaining an Incident Management Team position within the ERT. Complete the questionnaire in its entirety prior to submitting your application.

Questionnaire

1.	What prior experience do you have in emergency management?		
2.	Have you previously served on the AMR IMT? If yes, list the event and position.		
3.	What position(s) are you interested in filling? Check all that apply.		
	<input type="checkbox"/> EMS Incident Commander <input type="checkbox"/> Planning Section Chief <input type="checkbox"/> AMR Liaison Agency Rep. <input type="checkbox"/> Fixed Site Personnel Branch Dir. <input type="checkbox"/> Information/Intelligence Officer <input type="checkbox"/> Communications Unit Leader	<input type="checkbox"/> Logistics Section Chief <input type="checkbox"/> Ground Ambulance Branch Dir. <input type="checkbox"/> Check-In/Demobilize Unit Leader <input type="checkbox"/> Safety Officer <input type="checkbox"/> Finance/Admin. Section Chief <input type="checkbox"/> Air Ambulance Branch Dir.	<input type="checkbox"/> Paratransit Branch Dir. <input type="checkbox"/> Documentation Unit Leader <input type="checkbox"/> Operations Section Chief <input type="checkbox"/> Staging Area Manager
4.	Do you have experience related to the management of emergency incidents and events that may involve multiple jurisdictions? If yes,		

	please explain.
5.	Do you have experience related to managing tactical operations and large numbers of resources? If yes, please explain.
6.	Do you have experience related to planning and preparedness, report writing, and information management? If yes, please explain.
7.	Do you have experience related to facilities, services, and material support? If yes, please explain.
8.	Do you have experience related to finance, administration, and cost analysis? If yes, please explain.
9.	Describe your experience and knowledge of the principles of ICS, NIMS, and ESF8.

Additional Information / References / Resource Documents / Websites

AMR Emergency Response Team Job Descriptions: https://www.amr.net/solutions/federal-disaster-response-team/internal-amr-personnel
Members of the Federal ERT should be prepared to provide mass medical care with scarce resources and to use altered standards of care. You are encouraged to review the following documents to help you prepare and respond to a mass casualty event. Mass Medical Care with Scarce Resources: The Essentials: http://archive.ahrq.gov/prep/mmcessentials/ Mass Medical Care with Scarce Resources: A Community Planning Guide: http://archive.ahrq.gov/research/mce/ Altered Standards of Care in Mass Casualty Events: http://archive.ahrq.gov/research/allstand/
FEMA National Emergency Responder Credentialing System: EMS Job Titles: http://www.fema.gov/pdf/emergency/nims/ems_jobtitle_0308.pdf
FEMA Typed Resource Definitions Emergency Medical Services Resources: http://www.fema.gov/library/viewRecord.do?id=6357
FEMA ICS courses online, Emergency Management Institute: http://training.fema.gov/IS/crslist.asp
72 Hour Go Kit Recommended Packing List https://www.amr.net/solutions/federal-disaster-response-team/references-and-resources/72-hour-packing-list.pdf
Required Ground Ambulance Equipment List for Federal Response https://www.amr.net/solutions/federal-disaster-response-team/references-and-resources/equipment-for-ambulances-federal-ems-2015-01-28.pdf
EMS Scope of Practice for AMR/FEMA Federal Disaster Deployments https://www.amr.net/solutions/federal-disaster-response-team/references-and-resources/scope-of-practice-for-amr-fema-federal-disaster-de.pdf
Disability Evacuation Guidelines https://www.amr.net/solutions/federal-disaster-response-team/references-and-resources/guidelines-for-evacuation-of-individuals-with-disa.pdf
Unsolicited Medical Personnel Volunteering at Disaster Scenes: http://www.acep.org/practres.aspx?id=29842
DHS Austere Emergency Medical Support (AEMS) Field Guide https://www.amr.net/solutions/federal-disaster-response-team/references-and-resources/dhs-austere-ems-field-guide.pdf
DHS Tactical Emergency Medical Support (TEMS) Protocols https://www.amr.net/solutions/federal-disaster-response-team/references-and-resources/dhs-tactical-ems-guide.pdf
DHS Wide EMS Basic Life Support (BLS) & Advanced Life Support (ALS) Protocols https://www.amr.net/solutions/federal-disaster-response-team/references-and-resources/dhs-fema-als-bls-protocols.pdf
AMR Federal EMS Deployment Handbook for Non-AMR members https://www.amr.net/solutions/federal-disaster-response-team/references-and-resources/deployment-handbook-enp-4-6.pdf
AMR Federal EMS Deployment Handbook for AMR members https://portal.emsc.net/home/AMR/oem/Shared%20Documents/Emergency%20Response%20Team%20(ERT)%20-%20formerly%20DRT/Deployment%20Handbook%202016-4-5%20AMR.pdf
Crisis Standards of Care https://www.amr.net/solutions/federal-disaster-response-team/references-and-resources/crisis-standards-of-care-2012-iom-w-core-function.pdf

Federal ERT Applicant Acknowledgement

- I understand that this is a voluntary assignment and I am indicating my interest to be considered should a deployment need arise.
- I understand that this expression of interest is not binding on me or the Company, and I understand that I may or may not ever be asked to serve in this capacity.
- I acknowledge that I am fully qualified to function as a Federal ERT member based on the minimum criteria cited herein.
- I understand that should I be asked to deploy, some aspects of my employment will change during the period I serve, including my shift, number of hours worked, compensation, and working conditions. If I am a unionized employee, other terms, conditions, and/or obligations may or may not apply. Except as provided herein, this does not change the terms and conditions of my employment with the Company or create an employment contract.

- I understand that I must deploy within 6 hours of notification and be able to be on-site where needed within 24 hours (travel arrangements will be made and paid by AMR).
- I understand that if deployed, the duration of the assignment is based on the size of the situation; a single tour may last 15-17 days.
- I understand that if I am an EMT-Paramedic, I may be asked to work as an EMT-Basic if needed.
- If I am a caregiver, I understand that my pay will be based on either an average national rate as specified in the Company Job Classification Wage Schedule or the wage rate specified in an applicable Federal Wage Determination, whichever is higher. I will be informed of this rate at the time I am activated.
- Official AMR/FEMA ERT ID cards are property of the AMR Office of Emergency Management (OEM) and must be surrendered upon termination, date of expiration or on demand.
- All aspects of the deployment are confidential; no information will be released for any reason without written consent from the OEM.
- I understand that I may be subject to an oral interview to further assess my qualifications before being designated as an Incident Management Team member.
- If applying for an Incident Management Team position, I acknowledge that I have received formal training and certification in the National Incident Management System & Incident Command System (NIMS ICS) at the intermediate and advanced level which includes the following topical areas:
 - ICS staffing and organization to include: reporting and working relationships and information flow
 - Transfer of Command
 - Unified Command functions in a multi-jurisdictional or multi-agency incident
 - ICS forms
 - Resource Management
 - Interagency mission planning and procurement
 - Command and General staff
 - Incident Command Deputies and assistants
 - Organizational relationships between Area Command, Unified Command, Multi Entity Coordination Systems, and EOCs

By signing below, I verify that I understand and agree to the above terms

Employee ID #	Federal ERT Applicant Signature	Date

Check here if you wish to be considered for temporary assignments to other venues not associated with Federal deployments.

Once you have completed this form in its entirety, scan-email or fax (toll free) it along with copies of all certificates/credentials/documents to the AMR Office of Emergency Management (OEM). Originals and hard copies should be kept in the employee file at your primary work location
 Fax (800-216-1983); email: OEM@amr.net

Submit color photo of yourself by forwarding a digital image to OEM@amr.net in one of the following formats: .jpg, .gif, .bmp, .png, or .tif. If you do not have access to a digital camera or internet, mail a picture to: AMR-OEM, 12020 Intraplex Pkwy., Gulfport, MS 39503-4602.

Photograph Guidelines

You must submit a color photograph of yourself by forwarding a digital image to OEM@amr.net in one of the following formats: .jpg, .gif, .bmp, .png, or .tif. If you do not have access to a digital camera or internet, mail a picture to: AMR-OEM, 12020 Intraplex Pkwy., Gulfport, MS 39503-4602.

- 2x2 inches in size or, if digital image, 300x400 pixels
- Taken within the past 6 months, showing current appearance
- Must be in color
- Do not wear a hat, headgear, or sunglasses
- Include a full face, front view and open eyes
- Take the photo in a plain white or off-white background
- Face in photo should have a natural expression (closed mouth)

Submit completed application along with copies of certifications, license(s), and photograph to AMR OEM ERT Office
 Email: OEM@amr.net ● Office: (877) 567-4466 ● Fax (800) 216-1983 ● 12020 Intraplex Pkwy., Gulfport, MS 39503-4602

*****For Official Office of Emergency Management Use Only*****

Application Status	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending	OEM Signature:
Primary Approved Position		
Other Approved Positions		
Notes		