



Optional Equipment Authorization Application (v62724)

REMSA authorization must be received prior to purchase and use of any optional equipment referenced in this application

Requesting personnel:	Email:
Agency:	Phone:
<u>Authorization requested for use of the following:</u>	Glucometers for BLS Personnel
Mechanical CPR device (with accessories)	Other:
Please provide a brief description of your department's plans to use this equipment:	
Please provide a brief description of the training and competency testing required for the use of this equipment:	
Please provide a brief description of your department's CQI plan to review the use of this equipment:	
Who will be responsible for the CQI of this equipment?	Same as above? Yes No If no, complete below:
Name:	Title:
Email:	Phone

Email this completed form to the REMSA Clinical Team (remsa_clinical@rivco.org).

Please allow 30 days for review and return correspondence.



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