

County of Santa Clara

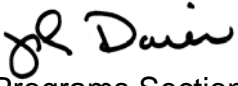
Emergency Medical Services Agency

Public Health Department
645 South Bascom Avenue
San Jose, California 95128
(Tel) 408.885.4250
(Fax) 408.885.3538



October 1, 2007

To: Santa Clara County Paramedic & BLS Coordinators
Santa Clara County CMRS Stakeholders

From: Josh Davies 
Prehospital Programs Section Manager

Subject: Paramedic & EMT Recruitment –
Medical Volunteers for Disaster Response

The Public Health Department maintains a registry of credentialed medical-health professionals through our Medical Volunteers for Disaster Response (MVDR) Program. This program has consisted primarily of nurses and physicians and served as a registry of personnel to be used in times of public health emergency.

As the program has continued to develop, it has become apparent that a trained and readily deployable cadre is necessary. The program is now in the process of being enhanced to include the existing Level I Members (credentialed registry members) and to add new Level II Members which will serve as deployable teams. Level II Members meet federal training and exercise competencies; participate in quarterly training sessions, and two annual exercises.

In order to make our program more diverse and to recruit potential command and control positions, **the County is actively seeking EMT and paramedic participation.** As certified or licensed health care providers, please note the following conditions related to EMT and paramedic participation in the program.

- EMTs and Paramedics may not practice as such unless authorized by the County. During times of disaster, emergency, or delegation by the County Health Officer, EMTs and paramedics may be authorized to practice within their scope of practice. Absent this expressed authorization, EMTs and paramedics are considered to be acting outside the scope of medical control and subject to certification or licensure action.
- All EMTs and paramedics shall first report to their prehospital care provider employer in times of disaster, emergency, or other local health declaration. Only when released by their provider agency may EMTs and paramedics report for an MVDR assignment.

- Paramedics not licensed by the State of California and EMTs that are not certified or hold a valid Santa Clara County EMS Identification Card must complete a Live Scan background check prior to service with the MVDR program. The cost of a Live Scan is approximately \$55.00 and a County ID Card is \$20.00.

Those interested in serving as a Medical Volunteer for Disaster Response should complete the attached Registration Packet/Application form or contact the MVDR Coordinator at mvdr@hhs.sccgov.org for a copy of the registration packet.

Please send the completed registration forms to:

MVDR Coordinator
Medical Volunteers for Disaster Response
Office of Disaster Medical Services
976 Lenzen Ave, Suite 1800
San Jose, CA 95126

Again, thank you for your dedication to our Countywide Medical Response System. If you should have any questions or concerns, please feel free to contact MVDR Coordinator at 408-792-5202.

Attachments:

- MVDR Registration Packet and Application Form

MVDR ID # (To be assigned by MVDR personnel):



First Name:

Middle Initial:

Last Name:

CONTACT and IDENTIFICATION INFORMATION

Employment Address:		City:	State:	Zip Code:
Alternate Mailing Address: (circle one: work, home, other)		City:	State:	Zip Code:
Home Phone:	Cell Phone:		Office Phone:	
Pager:	Fax:		Home Zip Code:	
Email:			Birthdate: (mm-dd-yyyy)	
Hospital Affiliations:				
Hair Color:	Eye Color:	Gender: (circle) F M	Height:	Weight:

LICENSURE/CERTIFICATION/REGISTRATION INFORMATION

Are you DEA registered? Yes No	DEA Registration No.:	DEA Expiration Date:
Do you have a health care related license, certification, and/or registration? <input type="checkbox"/> No <input type="checkbox"/> Yes		
If Yes, License, certification, and/or registration type (s) (i.e. MD, RN, PHN, DDS, DVM, EMT): Specialty:		
License No:	License Expiration Date:	

OTHER ADDITIONAL EDUCATION/TRAINING

Please list other professional titles you hold:
Please tell us if you have any training related to disasters or public health emergencies:

PLEASE COMPLETE REVERSE SIDE OF FORM

MVDR ID # (To be assigned by MVDR personnel):



Do you speak, write, and/or read any languages other than English? No Yes

If Yes, please identify which other languages (s) and rate your proficiency in these languages:

Language	Fluent	Speak	Read	Write
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



MVDR Registration Instructions

◆ Ways to register:

1. Paper registration form – included in this packet

◆ What you will need to register:

- Professional license number and expiration date, if applicable
- Board certification number, if applicable
- DEA license number and expiration date, if applicable

◆ Registration process:

1. Download and print out application packet.
2. Complete the entire registration form in clear and legible handwriting.
3. Send the completed form to the Office of Disaster Medical Services:
Office of Disaster Medical Services
976 Lenzen Ave, Suite 1800
San Jose, CA 95126
4. You will also receive a letter by email indicating all of our upcoming Swearing In Ceremonies. Please contact the MVDR coordinator to schedule a time and date to conduct the following activities:
 - Take your MVDR ID photo
 - Get your Volunteer Pledge and Consent signature
 - Administer the Disaster Service Worker loyalty oath
5. Links to different educational opportunities will be provided and you will be notified of other training opportunities in the future.

◆ Contact information:

MVDR Coordinator
Medical Volunteers for Disaster Response
Office of Disaster Medical Services
976 Lenzen Ave, Suite 1800
San Jose, CA 95126

Telephone: 408-792-5202

Email: mvdr@hhs.sccgov.org