



APPLICATION INSTRUCTIONS FOR ePCR IMPLEMENTATION

Greetings,

Prior to implementing an electronic data collection product for the submission of PCR data, each Agency must receive written approval from the WREMAC and NYS DOH Bureau of EMS. Additionally, if you are currently using an ePCR system and your agency has decided to change vendors, you must re submit this with the only exception being that your letter submission from # 2 must indicate that this is a change as opposed to your intent to go electronic.

In order to be considered for ePCR approval, the Agency must:

1. Ensure vender is NEMESIS v3.4 compliant. *
2. Complete a letter on Agency Letterhead requesting your intent of going to electronic data submission.
3. Be in compliance will all applicable sections of Article 30 and Part 800.
4. Complete Lake Plains Community Care Network ePCR Policy. (Attachment 1)
5. Complete Agency Contact Information. (Attachment 2)
6. Make sure to complete DOH form 5136.
7. Send **ALL** completed paperwork to LPCCN. **
8. Receive approval from WREMAC and BEMS.

**Note: If your software vendor indicates that you will be the first agency in NYS I urge you to contact me first before purchasing the software.*

***LPCCN will forward completed paperwork to WREMAC and NYSDOH for approval.*

Send all completed paperwork to or call with questions:

**Lake Plains Community Care Network
ATTN: ePCR Application
575 East Main St.
Batavia, NY 14020
585-345-6110**



CONTACT INFORMATION SHEET

New Application: _____ Updating Application: _____ Change in Vendor: _____

Agency Name: _____ NYS EMS Agency Code: _____

Physical Address: _____

Mailing Address (If different): _____

Agency CEO/President: _____

Agency EMS Capt: _____

Agency QA/QI Coordinator (if not the EMS Capt): _____

Contact #: _____ Contact Email: _____

- Our agency is in compliance with ALL applicable sections of Article 30 and Part 800.
- Our agency has been submitting paper PCR's to Lake Plains Community Care Network on a routine and on-going basis.
- Our agency has completed the ePCR application process, including submitting form DOH form 5136 to Lake Plains for approval.
- It is the intent of our agency to begin submitting prehospital care reports electronically on _____ and we have chosen _____ as our software vendor, subjected to LPCCN, Big Lakes, WREMAC, and DOH approval.
- Our agency agrees to participate in QA/QI activities as directed by our medical director, LPCCN and/or WREMAC. We also agree that we will provide access to the software to LPCCN for QA/QI purposes only.

By signing this document, you are agreeing your agency is in compliance to all of the above listed items. Additionally, you understand and acknowledge that once you "go live" that you will no longer be permitted to submit paper PCR's for any reason and must make all submissions electronically to the state bridge program.

Agency Chief/Director: _____

Date: _____